

# ALAMEDA COUNTY

APPENDIX D

## Health Care Agency

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 1,926,806	\$ -	\$1,926,806
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 1,922,451	\$ 1,922,451	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 2,115,262	\$ 2,115,262	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,957,358	\$ 1,957,358	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,295,805	\$ 1,295,805	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 32,468	\$ 32,468	\$0
		<b>\$ 9,250,150</b>	<b>\$ 7,323,344</b>	<b>\$1,926,806</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 728,712	\$0	\$728,712
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 894,736	\$775,971	\$118,765
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 1,403,893	\$1,403,893	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 1,037,409	\$ 1,036,638	\$771
		<b>\$ 4,064,750</b>	<b>\$ 3,216,502</b>	<b>\$848,248</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement Funds to LHDs on their submission of signed application documents, workplans and budgets. Figures reflect amounts paid by CDHS to LHDs.

**ALAMEDA COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	9.75	<b>\$864,131</b>	<b>\$0</b>	<b>\$864,131</b>
Administration	4			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician	0.5			
Health Educator	0.5			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology	1.5			
Microbiologists				
Pharmacist				
Public Health Nurse	1.5			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)	0.75			
<b>FRINGE BENEFITS</b>		<b>\$316,416</b>	<b>\$0</b>	<b>\$316,416</b>
<b>TRAVEL</b>		<b>\$10,964</b>	<b>\$0</b>	<b>\$10,964</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$2,999</b>	<b>\$0</b>	<b>\$2,999</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$2,999		\$2,999
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$5,452</b>	<b>\$0</b>	<b>\$5,452</b>
Provide consultation for county BT plan.		\$2,452		\$2,452
Assist in administration of exercises.		\$3,000		\$3,000
				\$0
<b>OTHER</b>		<b>\$121,631</b>	<b>\$0</b>	<b>\$121,631</b>
Communications		\$69,199		\$69,199
Supplies				\$0
Information Technology		\$29,308		\$29,308
Office		\$19,730		\$19,730
Training				\$0
Facilities		\$3,394		\$3,394
<b>INDIRECT COSTS</b>		<b>\$118,055</b>	<b>\$0</b>	<b>\$118,055</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$1,439,647</b>	<b>\$0</b>	<b>\$1,439,647</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.5	\$141,311		\$141,311
Program Supervisor	0.5			
Staff Specialist	1			
<b>FRINGE BENEFITS</b>		\$59,351		\$59,351
<b>TRAVEL</b>		\$9,970		\$9,970
<b>EQUIPMENT</b>		\$10,200	\$0	\$10,200
Communications				\$0
Exercises and drills		\$10,200		\$10,200
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$130,747	\$0	\$130,747
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge		\$130,747		\$130,747
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		\$63,124	\$0	\$63,124
Develop three operations-based trainings with drills, exercises & evaluations for mass dispensing operations.		\$63,124		\$63,124
				\$0
<b>OTHER</b>		\$51,260	\$0	\$51,260
Communications				\$0
Supplies				\$0
Information Technology		\$1,500		\$1,500
Office		\$15,480		\$15,480
Training		\$34,280		\$34,280
Facilities				\$0
<b>INDIRECT COSTS</b>		\$21,197		\$21,197
<b>TOTAL CRI FUNDING</b>		<b>\$487,160</b>	<b>\$0</b>	<b>\$487,160</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$1,926,807</b>	<b>\$0</b>	<b>\$1,926,807</b>

**ALAMEDA COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	14.45	<b>\$763,682</b>	<b>\$763,682</b>	<b>\$0</b>
Administration	3.85			
Emergency Coordinator/BT Specialist	1.5			
Environmental Scientist				
Epidemiologist/Biostatistician	1			
Health Educator	2.8			
Health Officer/Public Health Medical Officer	1.5			
Health Program Manager/Specialist				
Information Technology	2			
Microbiologists				
Pharmacist				
Public Health Nurse	1.8			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$285,777</b>	<b>\$285,777</b>	<b>\$0</b>
<b>TRAVEL</b>		<b>\$9,587</b>	<b>\$9,587</b>	<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$31,135</b>	<b>\$31,136</b>	<b>\$0</b>
Communications				\$0
Exercises and drills		\$399	\$399	\$0
Information Technology		\$6,295	\$6,295	\$0
Laboratory		\$1,209	\$1,209	\$0
Office		\$18,757	\$18,757	\$0
Surge		\$4,476	\$4,476	\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$141,713</b>	<b>\$94,902</b>	<b>\$46,811</b>
Provide training on crisis incident stress management.		\$3,715	\$3,715	\$0
Assist in developing training plans and after action reports.		\$137,998	\$91,187	\$46,811
				\$0
<b>OTHER</b>		<b>\$165,651</b>	<b>\$163,409</b>	<b>\$2,242</b>
Communications		\$98,376	\$98,376	\$0
Supplies		\$4,671	\$4,671	\$0
Information Technology		\$7,112	\$7,112	\$0
Office		\$35,723	\$35,723	\$0
Training		\$19,769	\$17,527	\$2,242
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$104,946</b>	<b>\$104,946</b>	<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$1,502,491</b>	<b>\$1,453,439</b>	<b>\$49,053</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.5	<b>\$66,594</b>	<b>\$66,594</b>	<b>\$0</b>
Program Supervisor	0.5			
Staff Specialist				
<b>FRINGE BENEFITS</b>		<b>\$25,356</b>	<b>\$25,356</b>	<b>\$0</b>
<b>TRAVEL</b>		<b>\$927</b>	<b>\$927</b>	<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$189,786</b>	<b>\$166,179</b>	<b>\$23,607</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$189,786	\$166,179	\$23,607
<b>SUPPLIES</b>		<b>\$38,756</b>	<b>\$37,341</b>	<b>\$1,415</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge		\$38,756	\$37,341	\$1,415
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$61,000</b>	<b>\$61,000</b>	<b>\$0</b>
Assist in developing training plans, plans for medical reserve corps, and after action reports.		\$61,000	\$61,000	\$0
				\$0
<b>OTHER</b>		<b>\$12,368</b>	<b>\$12,368</b>	<b>\$0</b>
Communications				\$0
Supplies		\$2,533	\$2,533	\$0
Information Technology		\$5,445	\$5,445	\$0
Office		\$4,390	\$4,390	\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$20,462</b>	<b>\$20,462</b>	<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$415,249</b>	<b>\$390,227</b>	<b>\$25,022</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$1,917,740</b>	<b>\$1,843,666</b>	<b>\$74,075</b>
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**ALAMEDA COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$389,443</b>	<b>\$0</b>	<b>\$389,443</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$314,443		\$314,443
Target Capability #5, Exercise Evaluations & Corrective Actions	\$75,000		\$75,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$69,658</b>	<b>\$0</b>	<b>\$69,658</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$69,658		\$69,658
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$174,562</b>	<b>\$0</b>	<b>\$174,562</b>
Target Capability #1, Personnel	\$45,780		\$45,780
Target Capability #2, Planning	\$45,780		\$45,780
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$63,251		\$63,251
Target Capability #5, Exercise Evaluations & Corrective Actions	\$19,750		\$19,750
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$95,049</b>	<b>\$0</b>	<b>\$95,049</b>
Target Capability #1, Personnel	\$6,867		\$6,867
Target Capability #2, Planning	\$6,867		\$6,867
Target Capability #3, Equipment & Systems	\$10,449		\$10,449
Target Capability #4, Training	\$56,654		\$56,654
Target Capability #5, Exercise Evaluations & Corrective Actions	\$14,213		\$14,213
<b>TOTAL</b>	<b>\$728,712</b>	<b>\$0</b>	<b>\$728,712</b>

**ALAMEDA COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$172,000</b>	<b>\$0</b>	<b>\$172,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$172,000		\$172,000
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$490,047</b>	<b>\$775,971</b>	<b>-\$285,924</b>
Benchmark 2-1, Bed Capacity	\$0	\$532,025	-\$532,025
Benchmark 2-2, Isolation Capacity	\$38,935		\$38,935
Benchmark 2-5, Pharmaceutical Caches	\$436,648	\$96,432	\$340,217
Benchmark 2-6, Personal Protective Equipment	\$14,464	\$34,896	-\$20,432
Benchmark 2-7, Decontamination	\$0	\$112,618	-\$112,618
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$1,784</b>	<b>\$0</b>	<b>\$1,784</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$1,784		\$1,784
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$114,200</b>	<b>\$0</b>	<b>\$114,200</b>
Benchmark 2-1, Bed Capacity	\$5,710		\$5,710
Benchmark 2-2, Isolation Capacity	\$5,710		\$5,710
Benchmark 2-5, Pharmaceutical Caches	\$5,710		\$5,710
Benchmark 2-6, Personal Protective Equipment	\$5,710		\$5,710
Benchmark 2-7, Decontamination	\$5,710		\$5,710
Benchmark 2-10, Communication and Information Technology	\$5,710		\$5,710
Benchmark 5, Education and Preparedness Training	\$45,680		\$45,680
Benchmark 6, Terrorism Preparedness Exercises	\$34,260		\$34,260
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$116,705</b>	<b>\$0</b>	<b>\$116,705</b>
Benchmark 2-1, Bed Capacity	\$857		\$857
Benchmark 2-2, Isolation Capacity	\$6,697		\$6,697
Benchmark 2-5, Pharmaceutical Caches	\$66,354		\$66,354
Benchmark 2-6, Personal Protective Equipment	\$3,026		\$3,026
Benchmark 2-7, Decontamination	\$857		\$857
Benchmark 2-10, Communication and Information Technology	\$1,124		\$1,124
Benchmark 5, Education and Preparedness Training	\$32,652		\$32,652
Benchmark 6, Terrorism Preparedness Exercises	\$5,139		\$5,139
<b>TOTAL</b>	<b>\$894,736</b>	<b>\$775,971</b>	<b>\$118,765</b>

## California Surge Capacity Survey Summary County of Alameda

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Alameda County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Alameda County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>500</b>	<b>595</b>
Clinics	<b>11</b>	<b>11</b>
<b>County Total</b>	<b>511</b>	<b>606</b>
Benchmark Minimum Level of Readiness	<b>754</b>	<b>754</b>
Beds above / below BM	<b>-243</b>	<b>-148</b>
<b>OES Region II Data</b>		
Benchmark Minimum	<b>4,076</b>	<b>4,076</b>



Level of Readiness		
<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
Chemical Poisoning		
<b>Alameda County Data</b>		
Hospitals	<b>154</b>	<b>151</b>
<b>County Total</b>	<b>154</b>	<b>151</b>
Benchmark Minimum Level of Readiness	<b>75</b>	<b>75</b>
Beds above / below BM	<b>+79</b>	<b>+76</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Alameda County Data</b>		
Hospitals	<b>94</b>	<b>494</b>
<b>County Total</b>	<b>94</b>	<b>494</b>
Benchmark Minimum Level of Readiness	<b>75</b>	<b>75</b>
Beds above / below BM	<b>+19</b>	<b>+419</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
Radiation Induced Injury		
<b>Alameda County Data</b>		
Hospitals	<b>163</b>	<b>520</b>
<b>County Total</b>	<b>163</b>	<b>520</b>
Benchmark Minimum Level of Readiness	<b>75</b>	<b>75</b>
Beds above / below BM	<b>+88</b>	<b>+445</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Alameda County Data</b>			
LHD			0
Hospitals	120	65	33
Clinics	11	1	15
<b>County Total</b>	131	66	48
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Alameda County Data</b>						
LHD	500	2,000	0	0	0	0
Hospitals	24,931	99,724	9,556	2,985	20,617	452
Clinics	1,242	4,968	13,280	585	14,832	0
County Total	26,673	106,692	22,836	3,570	35,449	452
% of Total Achieved			21.40%	3.35%	33.23%	.42%
% of Staff Achieved			85.61%	13.38%	132.90%	1.69%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 3 Level A, 15 Level B, 331 Level C, and 3400 Level D complete suits available. LHDs, hospitals and clinics report that 15,246 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Alameda County Data</b>				
LHD	0	0	8	0

Hospitals	3	7	323	3,400
Clinics	0	8	0	0
<b>County Total</b>	3	15	331	3,400
OES Region II Data				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Alameda County Data				
LHD	0	0	8	Not measured
Hospitals	3	48	202	Not measured
Clinics	30	0	0	Not measured
<b>County Total</b>	33	48	210	Not measured
OES Region II Data				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 210 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1.57 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Alameda County Data	
LHD	500
Hospitals	14,272
Clinics	3,924
<b>County Total</b>	18,696
OES Region II Data	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Alameda County Data	
LHD	8
Hospitals	322
Clinics	0
<b>County Total</b>	330
OES Region II Data	
<b>Region Total</b>	1,723

Hospitals reported a total of 206 traditional ventilators and 213 transport ventilators. Hospitals indicated that on average throughout the year, 121 or 58.74% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Alameda County Data				
Hospitals	206	213	121	58.74%
OES Region II Data				
Region Total	1,233	1,256	631.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a**

**chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Alameda County Data</b>				
LHD	0	0	0	0
Hospitals	155	69	465	207
Clinics	0	0	0	0
<b>County Total</b>	155	69	465	207
<b>OES Region II Data</b>				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Alameda County</b>	1,507,500	754	224	672
<b>OES Region II</b>	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	11
Dedicated phones	6
Fax	10
HAM radio	10
Satellite phones	4
Email	11
800 MHz radios	7
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Alameda County</b>			
LHD	500	20	4%
Hospitals	24,931	5,352	21.47%
Clinics	1,242	0	0%
<b>County Total</b>	<b>26,673</b>	<b>5,372</b>	<b>20.14%</b>
<b>OES Region II</b>			
<b>Region Total</b>	<b>147,953.4</b>	<b>16,003</b>	<b>10.82%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 11 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 1 exercise(s) involving influenza.

## Alameda County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
2-way Radio	82
6-unit Multicharger	2
AC & Insulation Package	6
Air Purification System	15
Body Bags	35
Body Push-to-Talk Switch	32
Cargo Response and Storage Trailers	7
Chair Cover	56
Dust Containment Unit Bundle	2
Dust Containment Unit Corridor Flange	3
Ear Microphone	17
Evacuation Chair	83
Extension Cord	6
Floor Liner (vinyl)	6
Generator	5
Generator Wheel Kit	4
Gurney	2
Light Sled Kit	15
Locking Rear Handles for Evacuation Chair	83
Medical Decontamination Backboards	2
Megaphone	4
Mobile Safety Barricade	2
Negative Air Machine	2
Oxygen Manifold	6
Personal Protective Equipment Stackable Storage Container	22
Powered Air Purifying Respirator (PAPR) Battery Charger	2
Powered Air Purifying Respirator (PAPR) Head Cover	20
Radiation Detectors	7
Radio Accessory with Throat Mic, Chest PTT	7
Rapid Response Triage Kit	3
Replacement Battery	17
Replacement Filter for Negative Air Machine	4
Replacement Poly Pad	24
Respirators	6,800
Safety Vest	20
Satellite Phone, Docking Station	4
Satellite Phones	3
Shelter	1
Speaker Harness	7
Storage Bag for Shelter	2
Treatment Area Flags	1
Tripod Light Stand	1
Ventilator	5
Wall Storage Bracket for Evacuation Chair	82
Water Resistant Head Lamp	15

<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	52,635
Ciproflaxacin	82,383
Doxycycline	100,969
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery	5
Battery Charger	156
Booties	100
Boots (pair)	384
Coveralls (each)	2,820
Gloves (pair)	470
Powered Air Purifying Respirator (PAPR)	367
Rechargeable Battery	130
Respirator Filter Cartridges	606
Respirators	5,440
Training Suits	431
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Complete Decontamination System	1
Cooling Vest	17
Flash Water Heater for Decontamination Shelters	1
Hospital Deacon Shower	1
Hospital Response Kits	6
Litter Conveyor	3
Portable Gas-fired Heaters	2
Triage Tags	300
Wastewater Pump	3
Water Bladder	6



**ALPINE COUNTY**  
**Health & Human Services Agency**

APPENDIX D

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 101,184	\$0	\$101,184
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 101,262	\$101,262	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 101,791	\$ 101,791	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 109,867	\$ 109,867	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 92,314	\$ 92,314	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$40,253	\$40,253	\$0
		<b>\$ 546,671</b>	<b>\$ 445,487</b>	<b>\$101,184</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 135,488	\$0	\$135,488
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 135,680	\$101,760	\$33,920
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 85,980	\$ 85,980	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 102,195	\$ 61,005	\$4,318
		<b>\$ 459,343</b>	<b>\$ 248,745</b>	<b>\$173,726</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**ALPINE COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.43	\$69,896	\$0	\$69,896
Administration				
Emergency Coordinator/BT Specialist	0.05			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.88			
Health Program Manager/Specialist	0.1			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.4			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		\$21,165	\$0	\$21,165
<b>TRAVEL</b>		\$281	\$0	\$281
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		\$27	\$0	\$27
Coordinating drills and exercises with other counties.		\$27		\$27
				\$0
<b>OTHER</b>		\$500	\$0	\$500
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office		\$500		\$500
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		\$9,107		\$9,107
<b>TOTAL CDC BASE/LAB FUNDING</b>		\$100,976	\$0	\$100,976

N/A

CDC CRI FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$100,976</b>	<b>\$0</b>	<b>\$100,976</b>
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**ALPINE COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.8	\$54,127	\$55,175	-\$1,048
Administration				
Emergency Coordinator/BT Specialist	0.25			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.25			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.3			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		\$33,898	\$32,696	\$1,202
<b>TRAVEL</b>		\$2,460	\$2,392	\$68
<b>EQUIPMENT</b>		\$700	\$1,687	-\$987
Communications		\$200	\$0	\$200
Exercises and drills				\$0
Information Technology		\$500	\$1,687	-\$1,187
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$1,688	\$525	\$1,163
Communications		\$1,230	\$0	\$1,230
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$458	\$525	-\$67
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		\$8,388	\$8,787	-\$399
<b>TOTAL CDC BASE/LAB FUNDING</b>		\$101,261	\$101,262	-\$1

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	\$101,261	\$101,262	-\$1
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**ALPINE COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$39,000</b>	<b>\$0</b>	<b>\$39,000</b>
Target Capability #1, Personnel	\$39,000		\$39,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$67,816</b>	<b>\$0</b>	<b>\$67,816</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$39,852		\$39,852
Target Capability #3, Equipment & Systems	\$12,888		\$12,888
Target Capability #4, Training	\$5,076		\$5,076
Target Capability #5, Exercise Evaluations & Corrective Actions	\$10,000		\$10,000
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$11,000</b>
Target Capability #1, Personnel	\$11,000		\$11,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$17,672</b>	<b>\$0</b>	<b>\$17,672</b>
Target Capability #1, Personnel	\$7,500		\$7,500
Target Capability #2, Planning	\$5,978		\$5,978
Target Capability #3, Equipment & Systems	\$1,933		\$1,933
Target Capability #4, Training	\$761		\$761
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,500		\$1,500
<b>TOTAL</b>	<b>\$135,488</b>	<b>\$0</b>	<b>\$135,488</b>

**ALPINE COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$68,983</b>	<b>\$0</b>	<b>\$68,983</b>
Benchmark 2-1, Bed Capacity	\$9,500		\$9,500
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$6,533		\$6,533
Benchmark 2-6, Personal Protective Equipment	\$9,410		\$9,410
Benchmark 2-7, Decontamination	\$7,500		\$7,500
Benchmark 2-10, Communication and Information Technology	\$27,590		\$27,590
Benchmark 5, Education and Preparedness Training	\$4,950		\$4,950
Benchmark 6, Terrorism Preparedness Exercises	\$3,500		\$3,500
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$49,000</b>	<b>\$0</b>	<b>\$49,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$24,000		\$24,000
Benchmark 6, Terrorism Preparedness Exercises	\$25,000		\$25,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$17,697</b>	<b>\$0</b>	<b>\$17,697</b>
Benchmark 2-1, Bed Capacity	\$1,425		\$1,425
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$980		\$980
Benchmark 2-6, Personal Protective Equipment	\$1,412		\$1,412
Benchmark 2-7, Decontamination	\$1,125		\$1,125
Benchmark 2-10, Communication and Information Technology	\$4,139		\$4,139
Benchmark 5, Education and Preparedness Training	\$4,343		\$4,343
Benchmark 6, Terrorism Preparedness Exercises	\$4,275		\$4,275
<b>TOTAL</b>	<b>\$135,680</b>	<b>\$0</b>	<b>\$135,680</b>

## California Surge Capacity Survey Summary County of Alpine

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Alpine County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Alpine County Data</b>		
LHD	<b>10</b>	<b>0</b>
Hospitals	<b>0</b>	<b>0</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>10</b>	<b>5</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+9</b>	<b>+4</b>
<b>OES Region IV Data</b>		
Benchmark Minimum	<b>1,718</b>	<b>1,718</b>



Level of Readiness		
<b>Region Total</b>	<b>2,156</b>	<b>2,875</b>
Beds above / below BM	<b>+438</b>	<b>+1,157</b>
Chemical Poisoning		
<b>Alpine County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>0</b>	<b>0</b>
Beds above / below BM	<b>0</b>	<b>0</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>269</b>	<b>397</b>
Beds above / below BM	<b>+97</b>	<b>+225</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Alpine County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>0</b>	<b>0</b>
Beds above / below BM	<b>0</b>	<b>0</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>225</b>	<b>1,471</b>
Beds above / below BM	<b>+53</b>	<b>+1,299</b>
Radiation Induced Injury		
<b>Alpine County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>0</b>	<b>0</b>
Beds above / below BM	<b>0</b>	<b>0</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>206</b>	<b>1,154</b>
Beds above / below BM	<b>+34</b>	<b>+982</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Alpine County Data</b>			
LHD			0
Hospitals	0	0	0
Clinics	0	0	0
<b>County Total</b>	0	0	0
<b>OES Region IV Data</b>			
<b>Region Total</b>	303	156	44

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Alpine County Data</b>						
LHD	15	60	122	167	0	167
Hospitals	0	0	0	0	0	0
Clinics	0	0	0	0	0	0
County Total	15	60	122	167	0	167
% of Total Achieved			203%	278%	0%	203%
% of Staff Achieved			813%	1,113%	0%	1,113%
<b>OES Region IV Data</b>						
Region Total	53,346	266,864	19,384	51,719	82,102	7,018
% of Total Achieved			7%	19%	31%	3%
% of Staff Achieved			36%	97%	154%	13%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 2 Level A, 4 Level B, 4 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 10 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Alpine County Data</b>				
LHD	2	4	4	0
Hospitals	0	0	0	0
Clinics	0	0	0	0

<b>County Total</b>	2	4	4	0
<b>OES Region IV Data</b>				
<b>Regional Total</b>	71	84	868	20,387

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Alpine County Data</b>				
LHD	4	4	4	Not measured
Hospitals	0	0	0	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	4	4	4	Not measured
<b>OES Region IV Data</b>				
<b>Regional Total</b>	49	140	714	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 4 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Alpine County Data</b>	
LHD	40
Hospitals	0
Clinics	0
<b>County Total</b>	40
<b>OES Region IV Data</b>	
<b>Region Total</b>	167,225

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Alpine County Data</b>	
LHD	4
Hospitals	0
Clinics	0
<b>County Total</b>	4
<b>OES Region IV Data</b>	
<b>Region Total</b>	799

Hospitals reported a total of 0 traditional ventilators and 0 transport ventilators. Hospitals indicated that on average throughout the year, 0 or 0% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Alpine County Data</b>				
Hospitals	0	0	0	0
<b>OES Region IV Data</b>				
<b>Region Total</b>	626	799	324	52%

#### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The

CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Alpine County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	0	0
Clinics	0	0	0	0
<b>County Total</b>	0	0	0	0
<b>OES Region IV Data</b>				
<b>Region Total</b>	1,152	263	3,456	789

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Alpine County</b>	1,262	1	0	0
<b>OES Region IV</b>	3,435,586	1,718	1,415	4,245

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	0
HAM radio	0
Satellite phones	0
Email	0
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Alpine County</b>			
LHD	15	1	6.6%
Hospitals	0	0	0%
Clinics	0	0	0%
<b>County Total</b>	15	1	6.6%
<b>OES Region IV</b>			
<b>Region Total</b>	53,346	9,544	17.9%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 0 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise involving influenza.

## Alpine County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Rescue Trailer	1
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Chemical Tape	10
Cooling Vest	8
Cooling Vest Replacement Packs	8
Coverall (each)	6
Gloves (pair)	8
Hardhat (each)	12
Powered Air Purifying Respirator (PAPR)	8
Pressure Test Kit	1
Responder Level "A" Suit	4
Self Contained Breathing Apparatus	2
Training Suit (each)	10
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Decontamination Kit	20

**AMADOR COUNTY**  
**Health & Human Services Agency**

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 136,362	\$0	\$136,362
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 137,561	\$137,561	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 151,555	\$ 151,555	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 154,591	\$ 154,591	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 81,714	\$ 81,714	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$47,330	\$47,330	\$0
		<b>\$ 709,113</b>	<b>\$ 572,751</b>	<b>\$136,362</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 149,990	\$0	\$149,990
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 155,231	\$29,014	\$126,217
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 119,484	\$ 119,484	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 130,082	\$ 129,983	\$99
		<b>\$ 554,787</b>	<b>\$ 278,481</b>	<b>\$276,306</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.



**AMADOR COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.56	<b>\$33,912</b>		<b>\$33,912</b>
Administration	0.12			
Emergency Coordinator/BT Specialist	0.2			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.1			
Health Officer/Public Health Medical Officer	0.05			
Health Program Manager/Specialist	0.09			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$15,044</b>	<b>\$0</b>	<b>\$15,044</b>
<b>TRAVEL</b>		<b>\$11,300</b>	<b>\$0</b>	<b>\$11,300</b>
<b>EQUIPMENT</b>		<b>\$20,100</b>	<b>\$0</b>	<b>\$20,100</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$11,400		\$11,400
Laboratory				\$0
Surge		\$8,700		\$8,700
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$51,111</b>	<b>\$0</b>	<b>\$51,111</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office		\$16,382		\$16,382
Training		\$34,729		\$34,729
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$4,896</b>	<b>\$0</b>	<b>\$4,896</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$136,362</b>	<b>\$0</b>	<b>\$136,362</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$136,362</b>	<b>\$0</b>	<b>\$136,362</b>
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**AMADOR COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.05	<b>\$57,396</b>	<b>\$57,396</b>	<b>\$0</b>
Administration	0.15			
Emergency Coordinator/BT Specialist	0.4			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.25			
Health Program Manager/Specialist				
Information Technology	0.15			
Microbiologists				
Pharmacist				
Public Health Nurse	0.1			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$12,085</b>	<b>\$12,085</b>	<b>\$0</b>
<b>TRAVEL</b>		<b>\$782</b>	<b>\$611</b>	<b>\$171</b>
<b>EQUIPMENT</b>		<b>\$42,413</b>	<b>\$48,327</b>	<b>-\$5,914</b>
Communications		\$35,000	\$45,000	-\$10,000
Exercises and drills				\$0
Information Technology		\$2,200	\$3,327	-\$1,127
Laboratory		\$5,213	\$0	\$5,213
Surge				\$0
<b>SUPPLIES</b>		<b>\$1,450</b>	<b>\$2,056</b>	<b>-\$606</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$1,450	\$2,056	-\$606
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$17,696</b>	<b>\$2,588</b>	<b>\$15,108</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training		\$17,696	\$2,588	\$15,108
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$5,740</b>	<b>\$6,948</b>	<b>-\$1,208</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$137,562</b>	<b>\$130,011</b>	<b>\$7,551</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
FRINGE BENEFITS				\$0
TRAVEL				\$0
EQUIPMENT		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
SUPPLIES		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
CONTRACTUAL <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
OTHER		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
INDIRECT COSTS				\$0
TOTAL CRI FUNDING		\$0	\$0	\$0
TOTAL CDC GRANT FUNDING		\$137,562	\$130,011	\$7,551

**AMADOR COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$57,000</b>	<b>\$0</b>	<b>\$57,000</b>
Target Capability #1, Personnel	\$2,500		\$2,500
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$52,500		\$52,500
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,000		\$2,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$23,425</b>	<b>\$0</b>	<b>\$23,425</b>
Target Capability #1, Personnel	\$5,000		\$5,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$15,925		\$15,925
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,500		\$2,500
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Target Capability #1, Personnel	\$10,000		\$10,000
Target Capability #2, Planning	\$10,000		\$10,000
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$10,000		\$10,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$10,000		\$10,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$19,564</b>	<b>\$0</b>	<b>\$19,564</b>
Target Capability #1, Personnel	\$2,625		\$2,625
Target Capability #2, Planning	\$1,500		\$1,500
Target Capability #3, Equipment & Systems	\$3,889		\$3,889
Target Capability #4, Training	\$9,375		\$9,375
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,175		\$2,175
<b>TOTAL</b>	<b>\$149,989</b>	<b>\$0</b>	<b>\$149,989</b>

**AMADOR COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$39,650</b>	<b>\$0</b>	<b>\$39,650</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$29,550		\$29,550
Benchmark 5, Education and Preparedness Training	\$10,100		\$10,100
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$36,092</b>	<b>\$0</b>	<b>\$36,092</b>
Benchmark 2-1, Bed Capacity	\$14,336		\$14,336
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$15,523		\$15,523
Benchmark 2-6, Personal Protective Equipment	\$2,223		\$2,223
Benchmark 2-7, Decontamination	\$2,765		\$2,765
Benchmark 2-10, Communication and Information Technology	\$1,245		\$1,245
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$11,266</b>	<b>\$0</b>	<b>\$11,266</b>
Benchmark 2-1, Bed Capacity	\$168		\$168
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$1,390		\$1,390
Benchmark 2-7, Decontamination	\$4,600		\$4,600
Benchmark 2-10, Communication and Information Technology	\$5,108		\$5,108
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$6,250		\$6,250
Benchmark 2-2, Isolation Capacity	\$6,250		\$6,250
Benchmark 2-5, Pharmaceutical Caches	\$6,250		\$6,250
Benchmark 2-6, Personal Protective Equipment	\$6,250		\$6,250
Benchmark 2-7, Decontamination	\$6,250		\$6,250
Benchmark 2-10, Communication and Information Technology	\$6,250		\$6,250
Benchmark 5, Education and Preparedness Training	\$6,250		\$6,250
Benchmark 6, Terrorism Preparedness Exercises	\$6,250		\$6,250
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$18,222</b>	<b>\$0</b>	<b>\$18,222</b>
Benchmark 2-1, Bed Capacity	\$3,113		\$3,113
Benchmark 2-2, Isolation Capacity	\$938		\$938
Benchmark 2-5, Pharmaceutical Caches	\$937		\$937
Benchmark 2-6, Personal Protective Equipment	\$1,480		\$1,480
Benchmark 2-7, Decontamination	\$2,042		\$2,042
Benchmark 2-10, Communication and Information Technology	\$6,323		\$6,323
Benchmark 5, Education and Preparedness Training	\$2,453		\$2,453
Benchmark 6, Terrorism Preparedness Exercises	\$938		\$938
<b>TOTAL</b>	<b>\$155,231</b>	<b>\$0</b>	<b>\$155,231</b>

## California Surge Capacity Survey Summary County of Amador

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Amador County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Amador County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>73</b>	<b>106</b>
Clinics	<b>29</b>	<b>45</b>
<b>County Total</b>	<b>102</b>	<b>151</b>
Benchmark Minimum Level of Readiness	<b>19</b>	<b>19</b>
Beds above / below BM	<b>+83</b>	<b>+132</b>
<b>OES Region IV Data</b>		
Benchmark Minimum	<b>1,718</b>	<b>1,718</b>

Level of Readiness		
<b>Region Total</b>	<b>2,156</b>	<b>2,875</b>
Beds above / below BM	<b>+438</b>	<b>+1,157</b>
Chemical Poisoning		
<b>Amador County Data</b>		
Hospitals	<b>9</b>	<b>18</b>
<b>County Total</b>	<b>9</b>	<b>18</b>
Benchmark Minimum Level of Readiness	<b>2</b>	<b>2</b>
Beds above / below BM	<b>+7</b>	<b>+16</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>269</b>	<b>397</b>
Beds above / below BM	<b>+97</b>	<b>+225</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Amador County Data</b>		
Hospitals	<b>8</b>	<b>106</b>
<b>County Total</b>	<b>8</b>	<b>106</b>
Benchmark Minimum Level of Readiness	<b>2</b>	<b>2</b>
Beds above / below BM	<b>+6</b>	<b>+104</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>225</b>	<b>1,471</b>
Beds above / below BM	<b>+53</b>	<b>+1,299</b>
<b>Amador County Data</b>		
Hospitals	<b>8</b>	<b>106</b>
<b>County Total</b>	<b>8</b>	<b>106</b>
Benchmark Minimum Level of Readiness	<b>2</b>	<b>2</b>
Beds above / below BM	<b>+6</b>	<b>+104</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>206</b>	<b>1,154</b>
Beds above / below BM	<b>+34</b>	<b>+982</b>



### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Amador County Data</b>			
LHD			0
Hospitals	3	3	1
Clinics	0	0	0
<b>County Total</b>	3	3	1
<b>OES Region IV Data</b>			
<b>Region Total</b>	303	156	44

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Amador County Data</b>						
LHD	17	68	422	433	0	350
Hospitals	551	2,204	14	22	11	22
Clinics	14	56	33	33	33	33
County Total	582	2,328	469	488	44	405
% of Total Achieved			20%	21%	2%	17%
% of Staff Achieved			80%	84%	8%	70%
<b>OES Region IV Data</b>						
Region Total	53,346	266,864	19,384	51,719	82,102	7,018
% of Total Achieved			7%	19%	31%	3%
% of Staff Achieved			36%	97%	154%	13%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 20 Level C, and 150 Level D complete suits available. LHDs, hospitals and clinics report that 176 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Amador County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	20	150
Clinics	0	0	0	0
<b>County Total</b>	0	0	20	150
<b>OES Region IV Data</b>				
<b>Regional Total</b>	71	84	868	20,387

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Amador County Data</b>				
LHD	0	0	0	Not measured
Hospitals	0	0	1	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	1	Not measured
<b>OES Region IV Data</b>				
<b>Regional Total</b>	49	140	714	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 1 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .5 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Amador County Data</b>	
LHD	90
Hospitals	850
Clinics	260
<b>County Total</b>	1,200
<b>OES Region IV Data</b>	
<b>Region Total</b>	167,225

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Amador County Data</b>	
LHD	0
Hospitals	20
Clinics	0
<b>County Total</b>	20
<b>OES Region IV Data</b>	
<b>Region Total</b>	799

Hospitals reported a total of 3 traditional ventilators and 14 transport ventilators. Hospitals indicated that on average throughout the year, 1 or 33% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Amador County Data</b>				
Hospitals	3	14	1	33%
<b>OES Region IV Data</b>				
<b>Region Total</b>	626	799	324	52%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Amador County Data				
LHD	0	0	0	0
Hospitals	50	0	150	0
Clinics	0	0	0	0
<b>County Total</b>	50	0	150	0
OES Region IV Data				
<b>Region Total</b>	1,152	263	3,456	789

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Amador County	37,574	19	50	150
OES Region IV	3,435,586	1,718	1,415	4,245

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	1
HAM radio	1
Satellite phones	1
Email	1
800 MHz radios	1
Fiber optics	0
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Amador County</b>			
LHD	17	17	100%
Hospitals	551	27	4.9%
Clinics	14	11	78.6%
<b>County Total</b>	<b>582</b>	<b>55</b>	<b>9.5%</b>
<b>OES Region IV</b>			
<b>Region Total</b>	<b>53,346</b>	<b>9,544</b>	<b>17.9%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through

February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 2 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 1 exercise(s) involving influenza.

## Amador County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
A/C and Insulation Package for Trailer	1
Body Bags	20
Casualty Handbook	2
Cord Reel	5
Disposable Backboard	5
Extension Cord	5
Flashlights	4
Flood Lights	5
Flooring for Trailer	1
Fluorescent Lighting	9
Generator	5
Generator Recoil	3
Inline Heater System	2
Lightsticks	20
Safety and Incident Command Vests	57
Casualty Management Shelter	2
Trailer	2
Triage Tags	2,000
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Butyl Rubber Hood Powered Air Purifying Respirator (PAPR)	18
Boots (pair)	10
Chemical Tape	6
Cooling Vests	4
Coveralls (each)	3
Fit Test Kit	1
Full Mask Respirator	11
Gloves	300
Personal Bio Kit	5
Post Decontamination Kit	40
Safety Suit	130
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Deacon Shower System	2
Decontamination Kit	10
Disposable Decontamination System	2
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radio	26
Radio Accessory w/Throat Mic	2
Ultralite Headsets	20

**CITY OF BERKELEY**  
**Health & Human Services**

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 200,489	\$ -	\$200,489
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 204,499	\$ 153,374	\$51,125
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 290,920	\$ 290,920	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 240,895	\$ 240,895	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 140,661	\$ 140,661	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$0	\$0	\$0
		<u>\$ 1,077,464</u>	<u>\$ 825,850</u>	<u>\$251,614</u>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

**HRSA** funds are awarded at the county level; therefore, the City of Berkeley does not directly receive HRSA funding.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans, and budget. Figures reflect amounts paid by CDHS to LHDs.



**BERKELEY COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	2.7	<b>\$114,440</b>	<b>\$0</b>	<b>\$114,440</b>
Administration				
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	1			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)	0.7			
<b>FRINGE BENEFITS</b>		<b>\$62,942</b>	<b>\$0</b>	<b>\$62,942</b>
<b>TRAVEL</b>		<b>\$6,829</b>	<b>\$0</b>	<b>\$6,829</b>
<b>EQUIPMENT</b>		<b>\$1,500</b>	<b>\$0</b>	<b>\$1,500</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$1,500		\$1,500
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$7,387</b>	<b>\$0</b>	<b>\$7,387</b>
Communications		\$1,099		\$1,099
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$6,288		\$6,288
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$297</b>	<b>\$0</b>	<b>\$297</b>
Provide technical assistance in planning for vulnerable populations.		\$297		\$297
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$7,095</b>	<b>\$0</b>	<b>\$7,095</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$200,489</b>	<b>\$0</b>	<b>\$200,489</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$200,489</b>	<b>\$0</b>	<b>\$200,489</b>

**BERKELEY COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	5.577	<b>\$123,985</b>	<b>\$103,440</b>	<b>\$20,545</b>
Administration				
Emergency Coordinator/BT Specialist	0.625			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.65			
Health Program Manager/Specialist	1			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	1.652			
Research Analyst	1.65			
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$72,128</b>	<b>\$55,201</b>	<b>\$16,927</b>
<b>TRAVEL</b>		<b>\$4,486</b>	<b>\$4,208</b>	<b>\$278</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$3,900</b>	<b>\$3,617</b>	<b>\$283</b>
Communications		\$1,100	\$1,008	\$92
Exercises and drills				\$0
Information Technology		\$1,650	\$1,601	\$49
Laboratory				\$0
Office		\$1,150	\$1,008	\$142
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$204,499</b>	<b>\$166,466</b>	<b>\$38,033</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$204,499</b>	<b>\$166,466</b>	<b>\$38,033</b>
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# BUTTE COUNTY

APPENDIX D

## Department of Public Health

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 307,118	\$0	\$307,118
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 314,047	\$314,047	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 462,992	\$ 462,992	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 460,394	\$ 460,394	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 263,218	\$ 263,218	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$82,615	\$82,615	\$0
		<b>\$ 1,890,384</b>	<b>\$ 1,583,266</b>	<b>\$307,118</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 220,387	\$0	\$220,387
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
		<b>\$ 220,387</b>	<b>\$ -</b>	<b>\$220,387</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budgets.

**BUTTE COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	<b>3</b>	<b>\$145,348</b>	<b>\$0</b>	<b>\$145,348</b>
Administration	0.3			
Emergency Coordinator/BT Specialist	0.1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.95			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.55			
Information Technology	0.5			
Microbiologists				
Pharmacist				
Public Health Nurse	0.6			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Med Records Tech)				
<b>FRINGE BENEFITS</b>		<b>\$63,875</b>	<b>\$0</b>	<b>\$63,875</b>
<b>TRAVEL</b>		<b>\$5,325</b>	<b>\$0</b>	<b>\$5,325</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$8,450</b>	<b>\$0</b>	<b>\$8,450</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$8,450		\$8,450
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$38,527</b>	<b>\$0</b>	<b>\$38,527</b>
Provides for an Epidemiologist at \$45 per hour.		\$32,872		\$32,872
Provides trainer for emergency response exercise.		\$5,655		\$5,655
				\$0
<b>OTHER</b>		<b>\$24,672</b>	<b>\$0</b>	<b>\$24,672</b>
Communications		\$6,400		\$6,400
Supplies				\$0
Information Technology		\$2,499		\$2,499
Office		\$2,421		\$2,421
Training		\$2,552		\$2,552
Facilities		\$10,800		\$10,800
<b>INDIRECT COSTS</b>		<b>\$20,923</b>	<b>\$0</b>	<b>\$20,923</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$307,119</b>	<b>\$0</b>	<b>\$307,119</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$307,119</b>	<b>\$0</b>	<b>\$307,119</b>
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**BUTTE COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.83	<b>\$176,732</b>	<b>\$154,309</b>	<b>\$22,423</b>
Administration	0.59			
Emergency Coordinator/BT Specialist				
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	1			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.74			
Information Technology	0.25			
Microbiologists				
Pharmacist				
Public Health Nurse	1			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Med Records Tech)	0.25			
<b>FRINGE BENEFITS</b>		<b>\$79,790</b>	<b>\$65,428</b>	<b>\$14,362</b>
<b>TRAVEL</b>		<b>\$6,252</b>	<b>\$1,773</b>	<b>\$4,479</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$5,821</b>	<b>\$2,599</b>	<b>\$3,222</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$5,821	\$2,599	\$3,222
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$19,800</b>	<b>\$20,210</b>	<b>-\$410</b>
Communications		\$9,000	\$9,410	-\$410
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities		\$10,800	\$10,800	\$0
<b>INDIRECT COSTS</b>		<b>\$25,652</b>	<b>\$21,973</b>	<b>\$3,679</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$314,047</b>	<b>\$266,292</b>	<b>\$47,755</b>



N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	\$314,047	\$266,292	\$47,755
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**BUTTE COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$92,274</b>	<b>\$0</b>	<b>\$92,274</b>
Target Capability #1, Personnel	\$11,000		\$11,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$2,700		\$2,700
Target Capability #4, Training	\$67,826		\$67,826
Target Capability #5, Exercise Evaluations & Corrective Actions	\$10,748		\$10,748
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$49,367</b>	<b>\$0</b>	<b>\$49,367</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$49,367		\$49,367
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Target Capability #1, Personnel	\$12,500		\$12,500
Target Capability #2, Planning	\$12,500		\$12,500
Target Capability #3, Equipment & Systems	\$12,500		\$12,500
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions	\$12,500		\$12,500
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$28,746</b>	<b>\$0</b>	<b>\$28,746</b>
Target Capability #1, Personnel	\$3,525		\$3,525
Target Capability #2, Planning	\$9,280		\$9,280
Target Capability #3, Equipment & Systems	\$2,280		\$2,280
Target Capability #4, Training	\$10,174		\$10,174
Target Capability #5, Exercise Evaluations & Corrective Actions	\$3,487		\$3,487
<b>TOTAL</b>	<b>\$220,387</b>	<b>\$0</b>	<b>\$220,387</b>

## California Surge Capacity Survey Summary County of Butte (Nor-Cal)

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Butte (Nor-Cal) County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Butte (Nor-Cal) County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>89</b>	<b>140</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>89</b>	<b>140</b>
Benchmark Minimum Level of Readiness	<b>107</b>	<b>107</b>
Beds above / below BM	<b>-18</b>	<b>+33</b>
<b>OES Region III Data</b>		

Benchmark Minimum Level of Readiness	393	393
<b>Region Total</b>	<b>714</b>	<b>975</b>
Beds above / below BM	+321	+582
Chemical Poisoning		
Butte (Nor-Cal) County Data		
Hospitals	12	22
<b>County Total</b>	<b>12</b>	<b>22</b>
Benchmark Minimum Level of Readiness	11	11
Beds above / below BM	+1	+11
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>56</b>	<b>75</b>
Beds above / below BM	+17	+36

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
Butte (Nor-Cal) County Data		
Hospitals	12	146
<b>County Total</b>	<b>12</b>	<b>146</b>
Benchmark Minimum Level of Readiness	11	11
Beds above / below BM	+1	+135
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>66</b>	<b>673</b>
Beds above / below BM	+27	+634
Radiation Induced Injury		
Butte (Nor-Cal) County Data		
Hospitals	15	160
<b>County Total</b>	<b>16</b>	<b>160</b>
Benchmark Minimum Level of Readiness	11	11
Beds above / below BM	+4	+149
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39

<b>Region Total</b>	<b>82</b>	<b>408</b>
Beds above / below BM	<b>+43</b>	<b>+369</b>

### **Critical Benchmark 2-2: Isolation Capacity**

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Butte (Nor-Cal) County Data</b>			
LHD			0
Hospitals	15	6	5
Clinics	0	0	0
<b>County Total</b>	15	6	5
<b>OES Region III Data</b>			
<b>Region Total</b>	73	13	22

### **Critical Benchmark 2-5: Pharmaceutical Caches**

Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Butte (Nor-Cal) County Data</b>						
LHD	183	732	0	0	0	0
Hospitals	4,600	18,400	185	142	38	211
Clinics	20	80	0	8	0	0
County Total	4,803	19,212	185	150	38	211
% of Total Achieved			.96%	.78%	.20%	1.10%
% of Staff Achieved			3.85%	3.12%	.79%	4.39%
<b>OES Region III Data</b>						
Region Total	12,290.65	49,162	4,179	4,268	12,500	1,508
% of Total Achieved			8.5%	8.68%	25.43%	3.07%
% of Staff Achieved			34%	34.73%	101.70%	12.27%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 24 Level B, 34 Level C, and 150 Level D complete suits available. LHDs, hospitals and clinics report that 429 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Butte (Nor-Cal) County Data</b>				
LHD	0	0	0	0
Hospitals	0	24	34	150

Clinics	0	0	0	0
<b>County Total</b>	0	24	34	150
OES Region III Data				
<b>Regional Total</b>	33	51	470	2,959

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Butte (Nor-Cal) County Data				
LHD	0	0	0	Not measured
Hospitals	0	0	13	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	13	Not measured
OES Region III Data				
<b>Regional Total</b>	24	116	279	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 13 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 2.62 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Butte (Nor-Cal) County Data	
LHD	180
Hospitals	650
Clinics	0
<b>County Total</b>	830
OES Region III Data	
<b>Region Total</b>	14,272

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Butte (Nor-Cal) County Data	
LHD	0
Hospitals	34
Clinics	0
<b>County Total</b>	34
OES Region III Data	
<b>Region Total</b>	427

Hospitals reported a total of 28 traditional ventilators and 14 transport ventilators. Hospitals indicated that on average throughout the year, 14 or 50% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Butte (Nor-Cal) County Data				
Hospitals	28	14	14	50%
OES Region III Data				
Region Total	114	79	44	38.60%

#### **Critical Benchmark 2-7: Decontamination**

Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Butte (Nor-Cal) County Data</b>				
LHD	0	0	0	0
Hospitals	85	34	255	102
Clinics	0	0	0	0
<b>County Total</b>	85	34	255	102
<b>OES Region III Data</b>				
<b>Region Total</b>	490	139	1,470	417

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Butte (Nor-Cal) County</b>	214,119	107	119	357
<b>OES Region III</b>	786,583	393	629	1,887

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
<b>Phones</b>	4
<b>Dedicated phones</b>	0
<b>Fax</b>	3
<b>HAM radio</b>	2
<b>Satellite phones</b>	1
<b>Email</b>	3
<b>800 MHz radios</b>	3
<b>Fiber optics</b>	0
<b>Microwave radio</b>	0
<b>Health Alert Network</b>	0



### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Butte (Nor-Cal) County</b>			
LHD	183	20	10.92%
Hospitals	4,600	324	7.04%
Clinics	20	0	0%
<b>County Total</b>	<b>4,803</b>	<b>344</b>	<b>7.16%</b>
<b>OES Region III</b>			
<b>Region Total</b>	<b>2,563.3</b>	<b>1,874</b>	<b>73.10%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 3 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

**CALAVERAS COUNTY**  
**Health Services Agency**

APPENDIX D

As of December 31, 2006

	<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 143,587	\$0	\$143,587
<b>2005/06</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 144,781	\$144,781	\$0
<b>2004/05</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 160,648	\$ 160,648	\$0
<b>2003/04</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 162,131	\$ 162,131	\$0
<b>2002/03</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 91,432	\$ 91,432	\$0
<b>2001/02</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$48,511	\$48,511	\$0
	<b>\$ 751,090</b>	<b>\$ 607,503</b>	<b>\$143,587</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

	<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 152,969	\$0	\$152,969
<b>2005/06</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 159,122	\$36,961	\$122,161
<b>2004/05</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 134,647	\$ 120,304	\$14,343
<b>2003/04</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 133,577	\$ 109,418	\$24,159
	<b>\$ 580,315</b>	<b>\$ 266,683</b>	<b>\$313,632</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**CALAVERAS COUNTY**

**Proposed CDC Grant Budget/Expenditures  
Grant Period August 31, 2006 through August 30, 2007  
As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.2	<b>\$63,190</b>	<b>\$0</b>	<b>\$63,190</b>
Administration	0.39			
Emergency Coordinator/BT Specialist	0.71			
Environmental Scientist				
Epidemiologist/Biostatistician	0.03			
Health Educator				
Health Officer/Public Health Medical Officer	0.02			
Health Program Manager/Specialist	0.05			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$26,222</b>	<b>\$0</b>	<b>\$26,222</b>
<b>TRAVEL</b>		<b>\$6,031</b>	<b>\$0</b>	<b>\$6,031</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$18,413</b>	<b>\$0</b>	<b>\$18,413</b>
Communications		\$7,527		\$7,527
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$10,886		\$10,886
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$14,530</b>	<b>\$0</b>	<b>\$14,530</b>
Develop response protocols and GIS modeling capacity.		\$10,000		\$10,000
Develop and coordinate exercise.		\$2,000		\$2,000
Conduct ICS training.		\$1,000		\$1,000
Develop pandemic influenza protocols.		\$478		\$478
Develop and coordinate exercise.		\$478		\$478
Conduct ICS training.		\$574		\$574
				\$0
<b>OTHER</b>		<b>\$8,702</b>	<b>\$0</b>	<b>\$8,702</b>
Communications				\$0
Supplies				\$0
Information Technology		\$8,702		\$8,702
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$8,942</b>	<b>\$0</b>	<b>\$8,942</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$146,030</b>	<b>\$0</b>	<b>\$146,030</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<i>Classifications</i>	0			\$0
Program Supervisor				
Staff Specialist				
FRINGE BENEFITS				\$0
TRAVEL				\$0
EQUIPMENT		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
SUPPLIES		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
CONTRACTUAL <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
OTHER		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
INDIRECT COSTS				\$0
TOTAL CRI FUNDING		\$0	\$0	\$0
TOTAL CDC GRANT FUNDING		\$146,030	\$0	\$146,030

**CALAVERAS COUNTY**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.24	<b>\$49,476</b>	<b>\$44,814</b>	<b>\$4,662</b>
Administration	0.66			
Emergency Coordinator/BT Specialist	0.12			
Environmental Scientist				
Epidemiologist/Biostatistician	0.1			
Health Educator	0.11			
Health Officer/Public Health Medical Officer	0.25			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$19,367</b>	<b>\$17,957</b>	<b>\$1,410</b>
<b>TRAVEL</b>		<b>\$4,425</b>	<b>\$3,267</b>	<b>\$1,158</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$10,893</b>	<b>\$9,113</b>	<b>\$1,780</b>
Communications		\$2,335	\$1,362	\$973
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$8,558	\$7,751	\$807
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$47,374</b>	<b>\$28,644</b>	<b>\$18,730</b>
Develop training plan and coordinate drills and exercises.		\$47,374	\$28,644	\$18,730
				\$0
<b>OTHER</b>		<b>\$6,362</b>	<b>\$4,729</b>	<b>\$1,633</b>
Communications		\$1,960	\$1,960	\$0
Supplies				\$0
Information Technology		\$1,633	\$0	\$1,633
Office				\$0
Training		\$2,769	\$2,769	\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$6,884</b>	<b>\$6,277</b>	<b>\$607</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$144,781</b>	<b>\$114,801</b>	<b>\$29,980</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$144,781</b>	<b>\$114,801</b>	<b>\$29,980</b>
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**CALAVERAS COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$63,500</b>	<b>\$0</b>	<b>\$63,500</b>
Target Capability #1, Personnel	\$2,500		\$2,500
Target Capability #2, Planning	\$17,100		\$17,100
Target Capability #3, Equipment & Systems	\$16,500		\$16,500
Target Capability #4, Training	\$13,500		\$13,500
Target Capability #5, Exercise Evaluations & Corrective Actions	\$13,900		\$13,900
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$19,517</b>	<b>\$0</b>	<b>\$19,517</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$19,517		\$19,517
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Target Capability #1, Personnel	\$1,500		\$1,500
Target Capability #2, Planning	\$26,000		\$26,000
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$12,500		\$12,500
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$19,953</b>	<b>\$0</b>	<b>\$19,953</b>
Target Capability #1, Personnel	\$600		\$600
Target Capability #2, Planning	\$6,465		\$6,465
Target Capability #3, Equipment & Systems	\$6,903		\$6,903
Target Capability #4, Training	\$3,900		\$3,900
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,085		\$2,085
<b>TOTAL</b>	<b>\$152,970</b>	<b>\$0</b>	<b>\$152,970</b>

**CALAVERAS COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$6,844</b>	<b>\$0</b>	<b>\$6,844</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$5,344		\$5,344
Benchmark 5, Education and Preparedness Training	\$1,500		\$1,500
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$24,290</b>	<b>\$3,253</b>	<b>\$21,037</b>
Benchmark 2-1, Bed Capacity	\$1,262		\$1,262
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$15,912	\$3,253	\$12,659
Benchmark 2-6, Personal Protective Equipment	\$6,026		\$6,026
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$1,090		\$1,090
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$59,307</b>	<b>\$0</b>	<b>\$59,307</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$14,528		\$14,528
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$4,600		\$4,600
Benchmark 2-10, Communication and Information Technology	\$40,179		\$40,179
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$6,250		\$6,250
Benchmark 2-2, Isolation Capacity	\$6,250		\$6,250
Benchmark 2-5, Pharmaceutical Caches	\$6,250		\$6,250
Benchmark 2-6, Personal Protective Equipment	\$6,250		\$6,250
Benchmark 2-7, Decontamination	\$6,250		\$6,250
Benchmark 2-10, Communication and Information Technology	\$6,250		\$6,250
Benchmark 5, Education and Preparedness Training	\$6,250		\$6,250
Benchmark 6, Terrorism Preparedness Exercises	\$6,250		\$6,250
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$18,679</b>	<b>\$0</b>	<b>\$18,679</b>
Benchmark 2-1, Bed Capacity	\$1,127		\$1,127
Benchmark 2-2, Isolation Capacity	\$938		\$938
Benchmark 2-5, Pharmaceutical Caches	\$3,117		\$3,117
Benchmark 2-6, Personal Protective Equipment	\$1,841		\$1,841
Benchmark 2-7, Decontamination	\$1,628		\$1,628
Benchmark 2-10, Communication and Information Technology	\$7,929		\$7,929
Benchmark 5, Education and Preparedness Training	\$1,163		\$1,163
Benchmark 6, Terrorism Preparedness Exercises	\$938		\$938
<b>TOTAL</b>	<b>\$159,121</b>	<b>\$3,253</b>	<b>\$155,868</b>



## California Surge Capacity Survey Summary County of Calaveras

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Calaveras County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Calaveras County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>63</b>	<b>99</b>
Clinics	<b>64</b>	<b>44</b>
<b>County Total</b>	<b>127</b>	<b>143</b>
Benchmark Minimum Level of Readiness	<b>22</b>	<b>22</b>
Beds above / below BM	<b>+105</b>	<b>+121</b>
<b>OES Region IV Data</b>		
Benchmark Minimum	<b>1,718</b>	<b>1,718</b>

Level of Readiness		
<b>Region Total</b>	<b>2,156</b>	<b>2,875</b>
Beds above / below BM	<b>+438</b>	<b>+1,157</b>
Chemical Poisoning		
Calaveras County Data		
Hospitals	2	2
<b>County Total</b>	<b>2</b>	<b>2</b>
Benchmark Minimum Level of Readiness	2	2
Beds above / below BM	0	0
OES Region IV Data		
Benchmark Minimum Level of Readiness	172	172
<b>Region Total</b>	<b>269</b>	<b>397</b>
Beds above / below BM	<b>+97</b>	<b>+225</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
Calaveras County Data		
Hospitals	2	55
<b>County Total</b>	<b>2</b>	<b>55</b>
Benchmark Minimum Level of Readiness	2	2
Beds above / below BM	0	+53
OES Region IV Data		
Benchmark Minimum Level of Readiness	172	172
<b>Region Total</b>	<b>225</b>	<b>1,471</b>
Beds above / below BM	<b>+53</b>	<b>+1,299</b>
Radiation Induced Injury		
Calaveras County Data		
Hospitals	2	63
<b>County Total</b>	<b>2</b>	<b>63</b>
Benchmark Minimum Level of Readiness	2	2
Beds above / below BM	0	+61
OES Region IV Data		
Benchmark Minimum Level of Readiness	172	172
<b>Region Total</b>	<b>206</b>	<b>1,154</b>
Beds above / below BM	<b>+34</b>	<b>+982</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Calaveras County Data</b>			
LHD			0
Hospitals	2	0	0
Clinics	0	0	0
<b>County Total</b>	2	0	0
<b>OES Region IV Data</b>			
<b>Region Total</b>	303	156	44

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Calaveras County Data</b>						
LHD	26	104	0	0	0	0
Hospitals	320	1,280	17	50	67	67
Clinics	29	116	4	3	0	8
<b>County Total</b>	<b>375</b>	<b>1,500</b>	<b>21</b>	<b>53</b>	<b>67</b>	<b>75</b>
% of Total Achieved			1%	4%	4%	5%
% of Staff Achieved			6%	147%	18%	20%
<b>OES Region IV Data</b>						
Region Total	53,346	266,864	19,384	51,719	82,102	7,018
% of Total Achieved			7%	19%	31%	3%
% of Staff Achieved			36%	97%	154%	13%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 40 Level C, and 50 Level D complete suits available. LHDs, hospitals and clinics report that 206 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Calaveras County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	20	50
Clinics	0	0	20	0
<b>County Total</b>	0	0	40	50
<b>OES Region IV Data</b>				
<b>Regional Total</b>	71	84	868	20,387

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Calaveras County Data</b>				
LHD	0	0	0	Not measured
Hospitals	0	0	15	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	15	Not measured
<b>OES Region IV Data</b>				
<b>Regional Total</b>	49	140	714	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 15 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1.6 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Calaveras County Data</b>	
LHD	100
Hospitals	150
Clinics	0
<b>County Total</b>	250
<b>OES Region IV Data</b>	
<b>Region Total</b>	167,225

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Calaveras County Data</b>	
LHD	0
Hospitals	20
Clinics	4
<b>County Total</b>	24
<b>OES Region IV Data</b>	
<b>Region Total</b>	799

Hospitals reported a total of 4 traditional ventilators and 6 transport ventilators. Hospitals indicated that on average throughout the year, 1 or 25% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Calaveras County Data</b>				
Hospitals	4	6	1	25%
<b>OES Region IV Data</b>				
<b>Region Total</b>	626	799	324	52%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Calaveras County Data				
LHD	0	0	0	0
Hospitals	12	6	36	18
Clinics	0	0	0	0
<b>County Total</b>	12	6	36	18
OES Region IV Data				
<b>Region Total</b>	1,152	263	3,456	789

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Calaveras County	44,796	22	18	54
OES Region IV	3,435,586	1,718	1,415	4,245

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	1
HAM radio	1
Satellite phones	0
Email	1
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

#### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Calaveras County</b>			
LHD	26	26	100%
Hospitals	320	2	.625%
Clinics	29	0	0%
<b>County Total</b>	<b>375</b>	<b>28</b>	<b>7.4%</b>
<b>OES Region IV</b>			
<b>Region Total</b>	<b>53,346</b>	<b>9,544</b>	<b>17.9%</b>

#### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 1 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.



## Calaveras County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Body Bags	10
Generator Recoil	5
Light Sled Kit	1
Lithium Ion Battery Pack	1
Portable Fluorescent Light Fixture	2
Powered Air Purifying Respirator (PAPR)	1
Shelter	1
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	220
Doxycycline	300
Gentamic	150
Levaquin	200
Sulfamethoxazole/Trimethoprim	200
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Cord Reel	5
Coveralls (each)	34
Extention Cord	5
Flood Light	5
Lithium Ion Battery Pack	47
Personal Bio Kit	300
Powered Air Purifying Respirator (PAPR)	76
Rechargeable Battery	10
N95 Respirator	36
Respirator Filter Cartridges	24
Safety Suit	108
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Booties (each)	100
Chemical Tape	14
Decontamination Property Bags	500
Gloves (pair)	350
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radio	8

**COLUSA COUNTY**  
**Health & Human Services**

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 120,512	\$0	\$120,512
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 120,873	\$90,655	\$30,218
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 182,371	\$ 182,371	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 133,300	\$ 133,300	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 94,868	\$ 94,868	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$43,976	\$43,976	\$0
		<u>\$ 695,900</u>	<u>\$ 545,170</u>	<u>\$150,730</u>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
		<u>\$ -</u>	<u>\$ -</u>	<u>\$0</u>

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**COLUSA COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.855	<b>\$37,782</b>	<b>\$0</b>	<b>\$37,782</b>
Administration	0.095			
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist	0.05			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.16			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.05			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$20,247</b>	<b>\$0</b>	<b>\$20,247</b>
<b>TRAVEL</b>		<b>\$4,245</b>	<b>\$0</b>	<b>\$4,245</b>
<b>EQUIPMENT</b>		<b>\$13,900</b>	<b>\$0</b>	<b>\$13,900</b>
Communications		\$300		\$300
Exercises and drills		\$4,600		\$4,600
Information Technology				\$0
Laboratory				\$0
Surge		\$9,000		\$9,000
<b>SUPPLIES</b>		<b>\$3,673</b>	<b>\$0</b>	<b>\$3,673</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$3,673		\$3,673
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$24,044</b>	<b>\$0</b>	<b>\$24,044</b>
Direct overall public health preparedness for Colusa County.		\$16,750		\$16,750
Provide epidemiology services.		\$4,794		\$4,794
Provide technical support for web site.		\$2,500		\$2,500
<b>OTHER</b>		<b>\$10,818</b>	<b>\$0</b>	<b>\$10,818</b>
Communications		\$2,353		\$2,353
Supplies				\$0
Information Technology				\$0
Office		\$4,626		\$4,626
Training		\$3,839		\$3,839
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$5,803</b>	<b>\$0</b>	<b>\$5,803</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$120,512</b>	<b>\$0</b>	<b>\$120,512</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$120,512</b>	<b>\$0</b>	<b>\$120,512</b>

**COLUSA COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.28	<b>\$49,410</b>	<b>\$38,847</b>	<b>\$10,563</b>
Administration	0.35			
Emergency Coordinator/BT Specialist	0.55			
Environmental Scientist	0.05			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.23			
Information Technology	0.05			
Microbiologists				
Pharmacist				
Public Health Nurse	0.05			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$30,481</b>	<b>\$24,117</b>	<b>\$6,364</b>
<b>TRAVEL</b>		<b>\$2,341</b>	<b>\$580</b>	<b>\$1,761</b>
<b>EQUIPMENT</b>		<b>\$500</b>	<b>\$0</b>	<b>\$500</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$500	\$0	\$500
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$2,203</b>	<b>\$0</b>	<b>\$2,203</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$2,203	\$0	\$2,203
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$20,150</b>	<b>\$0</b>	<b>\$20,150</b>
Direct overall public health preparedness for Colusa County.		\$16,150	\$0	\$16,150
Assess county epidemiologist capacity and make recommendations to improve and implement epidemiological surveillance strategies.		\$4,000	\$0	\$4,000
				\$0
<b>OTHER</b>		<b>\$7,799</b>	<b>\$100</b>	<b>\$7,699</b>
Communications		\$1,915	\$0	\$1,915
Supplies		\$4,759	\$100	\$4,659
Information Technology				\$0
Office				\$0
Training		\$1,125	\$0	\$1,125
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$7,989</b>	<b>\$6,456</b>	<b>\$1,533</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$120,873</b>	<b>\$70,100</b>	<b>\$50,773</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	\$120,873	\$70,100	\$50,773
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## California Surge Capacity Survey Summary County of Colusa (Nor-Cal)

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Colusa (Nor-Cal) County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Colusa (Nor-Cal) County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>2</b>	<b>2</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>2</b>	<b>2</b>
Benchmark Minimum Level of Readiness	<b>10</b>	<b>10</b>
Beds above / below BM	<b>-8</b>	<b>-8</b>
<b>OES Region III Data</b>		

Benchmark Minimum Level of Readiness	393	393
<b>Region Total</b>	<b>714</b>	<b>975</b>
Beds above / below BM	+321	+582
Chemical Poisoning		
Colusa (Nor-Cal) County Data		
Hospitals	2	2
<b>County Total</b>	<b>2</b>	<b>2</b>
Benchmark Minimum Level of Readiness	1	1
Beds above / below BM	+1	+1
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>56</b>	<b>75</b>
Beds above / below BM	+17	+36

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
Colusa (Nor-Cal) County Data		
Hospitals	2	7
<b>County Total</b>	<b>2</b>	<b>7</b>
Benchmark Minimum Level of Readiness	1	1
Beds above / below BM	+1	+6
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>66</b>	<b>673</b>
Beds above / below BM	+27	+634
Radiation Induced Injury		
Colusa (Nor-Cal) County Data		
Hospitals	2	4
<b>County Total</b>	<b>2</b>	<b>4</b>
Benchmark Minimum Level of Readiness	1	1
Beds above / below BM	+1	+3
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39



<b>Region Total</b>	<b>82</b>	<b>408</b>
Beds above / below BM	<b>+43</b>	<b>+369</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Colusa (Nor-Cal) County Data</b>			
LHD			0
Hospitals	2	1	1
Clinics	0	0	0
<b>County Total</b>	2	1	1
<b>OES Region III Data</b>			
<b>Region Total</b>	73	13	22

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Colusa (Nor-Cal) County Data</b>						
LHD	8	32	0	0	0	0
Hospitals	140	560	128	192	15	200
Clinics	11	44	0	0	0	0
<b>County Total</b>	<b>159</b>	<b>636</b>	<b>128</b>	<b>192</b>	<b>15</b>	<b>200</b>
% of Total Achieved			20.26%	30.19%	2.36%	31.45%
% of Staff Achieved			80.50%	120.75%	9.43%	125.79%
<b>OES Region III Data</b>						
Region Total	12,290.65	49,162	4,179	4,268	12,500	1,508
% of Total Achieved			8.5%	8.68%	25.43%	3.07%
% of Staff Achieved			34%	34.73%	101.73%	12.27%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 10 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 214 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
Colusa (Nor-Cal) County Data				
LHD	0	0	0	0
Hospitals	0	0	10	0
Clinics	0	0	0	0
<b>County Total</b>	0	0	10	0
OES Region III Data				
<b>Regional Total</b>	33	51	470	2,959

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Colusa (Nor-Cal) County Data				
LHD	0	0	1	Not measured
Hospitals	0	0	6	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	7	Not measured
OES Region III Data				
<b>Regional Total</b>	24	116	279	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 7LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1.71 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Colusa (Nor-Cal) County Data	
LHD	15
Hospitals	1,000
Clinics	0
<b>County Total</b>	1,015
OES Region III Data	
<b>Region Total</b>	14,272

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Colusa (Nor-Cal) County Data	
LHD	0
Hospitals	12
Clinics	0
<b>County Total</b>	12
OES Region III Data	
<b>Region Total</b>	427

Hospitals reported a total of 1 traditional ventilator and 2 transport ventilators. Hospitals indicated that on average throughout the year, 1 or 100% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Colusa (Nor-Cal) County Data				
Hospitals	1	2	1	100%
OES Region III Data				
<b>Region Total</b>	114	79	44	38.60%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Colusa (Nor-Cal) County Data				
LHD	0	0	0	0
Hospitals	12	8	36	24
Clinics	0	0	0	0
<b>County Total</b>	12	8	36	24
OES Region III Data				
<b>Region Total</b>	490	139	1,470	417

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Colusa (Nor-Cal) County	20,880	10	20	60
OES Region III	786,583	393	629	1,887

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	1
HAM radio	0
Satellite phones	0
Email	1
800 MHz radios	1
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Colusa (Nor-Cal) County</b>			
LHD	8	4	50%
Hospitals	140	100	71.4%
Clinics	11	0	0%
<b>County Total</b>	<b>159</b>	<b>104</b>	<b>65.4%</b>
<b>OES Region III</b>			
<b>Region Total</b>	<b>2,563.3</b>	<b>1,874</b>	<b>73.10%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 1 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

**CONTRA COSTA COUNTY**  
**Department of Public Health**

APPENDIX D

As of December 31, 2006

	<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 1,337,809	\$0	\$1,337,809
<b>2005/06</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 1,256,053	\$1,256,053	\$0
<b>2004/05</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,659,915	\$ 1,659,915	\$0
<b>2003/04</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,454,610	\$ 1,454,610	\$0
<b>2002/03</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 918,814	\$ 918,814	\$0
<b>2001/02</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$241,293	\$241,293	\$0
	<b>\$ 6,868,494</b>	<b>\$ 5,530,685</b>	<b>\$1,337,809</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

	<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 539,656	\$0	\$539,656
<b>2005/06</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 741,028	\$468,814	\$272,214
<b>2004/05</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 886,871	\$ 886,871	\$0
<b>2003/04</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 855,300	\$ 837,244	\$18,056
	<b>\$ 3,022,855</b>	<b>\$ 2,192,929</b>	<b>\$829,926</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**CONTRA COSTA COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	10.2	<b>\$697,805</b>	<b>\$0</b>	<b>\$697,805</b>
Administration	0.1			
Emergency Coordinator/BT Specialist	2.6			
Environmental Scientist				
Epidemiologist/Biostatistician	0.1			
Health Educator	2.25			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.6			
Information Technology	2.1			
Microbiologists				
Pharmacist				
Public Health Nurse	2.45			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$360,828</b>	<b>\$0</b>	<b>\$360,828</b>
<b>TRAVEL</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$11,460</b>	<b>\$0</b>	<b>\$11,460</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$11,460		\$11,460
<b>SUPPLIES</b>		<b>\$11,460</b>	<b>\$0</b>	<b>\$11,460</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge		\$11,460		\$11,460
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$1,081,553</b>	<b>\$0</b>	<b>\$1,081,553</b>



CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	2.35	<b>\$228,387</b>		<b>\$228,387</b>
Program Supervisor	1.85			
Staff Specialist	0.5			
<b>FRINGE BENEFITS</b>		<b>\$0</b>		<b>\$0</b>
<b>TRAVEL</b>		<b>\$10,000</b>		<b>\$10,000</b>
<b>EQUIPMENT</b>		<b>\$4,000</b>	<b>\$0</b>	<b>\$4,000</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$4,000		\$4,000
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$5,000</b>	<b>\$0</b>	<b>\$5,000</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$5,000		\$5,000
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$8,869</b>	<b>\$0</b>	<b>\$8,869</b>
Communications		\$7,000		\$7,000
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities		\$1,869		\$1,869
<b>INDIRECT COSTS</b>		<b>\$0</b>		<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$256,256</b>	<b>\$0</b>	<b>\$256,256</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$1,337,809</b>	<b>\$0</b>	<b>\$1,337,809</b>

**CONTRA COSTA COUNTY**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	16.35	<b>\$905,608</b>	<b>\$905,609</b>	<b>-\$1</b>
Administration	2.5			
Emergency Coordinator/BT Specialist	2			
Environmental Scientist	0.35			
Epidemiologist/Biostatistician	0.35			
Health Educator	2			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology	3.05			
Microbiologists	4.6			
Pharmacist				
Public Health Nurse	1.5			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$323,975</b>	<b>\$323,975</b>	<b>\$0</b>
<b>TRAVEL</b>		<b>\$4,454</b>	<b>\$4,454</b>	<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$22,015</b>	<b>\$22,015</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory		\$7,049	\$7,049	\$0
Office				\$0
Surge		\$14,966	\$14,966	\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$1,256,052</b>	<b>\$1,256,053</b>	<b>-\$1</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$1,256,052</b>	<b>\$1,256,053</b>	<b>-\$1</b>
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**CONTRA COSTA COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$156,000</b>	<b>\$0</b>	<b>\$156,000</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$128,000		\$128,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$18,000		\$18,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$99,483</b>	<b>\$0</b>	<b>\$99,483</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$84,247		\$84,247
Target Capability #3, Equipment & Systems	\$15,236		\$15,236
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$163,635</b>	<b>\$0</b>	<b>\$163,635</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$17,874		\$17,874
Target Capability #3, Equipment & Systems	\$144,261		\$144,261
Target Capability #4, Training	\$1,500		\$1,500
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Target Capability #1, Personnel	\$50,000		\$50,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$70,368</b>	<b>\$0</b>	<b>\$70,368</b>
Target Capability #1, Personnel	\$7,500		\$7,500
Target Capability #2, Planning	\$15,318		\$15,318
Target Capability #3, Equipment & Systems	\$25,425		\$25,425
Target Capability #4, Training	\$19,425		\$19,425
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,700		\$2,700
<b>TOTAL</b>	<b>\$539,486</b>	<b>\$0</b>	<b>\$539,486</b>

**CONTRA COSTA COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$55,058</b>	<b>\$39,997</b>	<b>\$15,061</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises	\$55,058	\$39,997	\$15,061
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$356,925</b>	<b>\$349,085</b>	<b>\$7,840</b>
Benchmark 2-1, Bed Capacity	\$237,380	\$237,380	\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches	\$60,184	\$52,344	\$7,840
Benchmark 2-6, Personal Protective Equipment	\$39,470	\$39,470	\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology	\$19,891	\$19,891	\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$182,389</b>	<b>\$106,381</b>	<b>\$76,008</b>
Benchmark 2-1, Bed Capacity	\$42,170	\$36,235	\$5,935
Benchmark 2-2, Isolation Capacity	\$32,475	\$29,913	\$2,562
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology	\$105,744	\$38,886	\$66,858
Benchmark 5, Education and Preparedness Training	\$2,000	\$1,347	\$653
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$10,000	\$10,000	\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches	\$10,000	\$10,000	\$0
Benchmark 2-6, Personal Protective Equipment	\$10,000	\$10,000	\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology	\$10,000	\$10,000	\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises	\$10,000	\$10,000	\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$96,656</b>	<b>\$81,820</b>	<b>\$14,836</b>
Benchmark 2-1, Bed Capacity	\$43,433	\$42,542	\$891
Benchmark 2-2, Isolation Capacity	\$4,871	\$4,487	\$384
Benchmark 2-5, Pharmaceutical Caches	\$10,528	\$9,352	\$1,176
Benchmark 2-6, Personal Protective Equipment	\$7,420	\$7,420	\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology	\$20,345	\$10,317	\$10,028
Benchmark 5, Education and Preparedness Training	\$300	\$202	\$98
Benchmark 6, Terrorism Preparedness Exercises	\$9,759	\$7,500	\$2,259
<b>TOTAL</b>	<b>\$741,028</b>	<b>\$627,283</b>	<b>\$113,745</b>

## California Surge Capacity Survey Summary County of Contra Costa

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### **Benchmark 2-1: Surge Beds**

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Contra Costa County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Contra Costa County Data</b>		
LHD	<b>0</b>	<b>150</b>
Hospitals	<b>760</b>	<b>719</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>760</b>	<b>869</b>
Benchmark Minimum Level of Readiness	<b>510</b>	<b>510</b>
Beds above / below BM	<b>+250</b>	<b>+359</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>4,076</b>	<b>4,076</b>

<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
<b>Chemical Poisoning</b>		
<b>Contra Costa County Data</b>		
Hospitals	<b>230</b>	<b>148</b>
<b>County Total</b>	<b>230</b>	<b>148</b>
Benchmark Minimum Level of Readiness	<b>51</b>	<b>51</b>
Beds above / below BM	<b>+179</b>	<b>+97</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Contra Costa County Data</b>		
Hospitals	<b>93</b>	<b>618</b>
<b>County Total</b>	<b>93</b>	<b>618</b>
Benchmark Minimum Level of Readiness	<b>51</b>	<b>51</b>
Beds above / below BM	<b>+42</b>	<b>+567</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
<b>Radiation Induced Injury</b>		
<b>Contra Costa County Data</b>		
Hospitals	<b>196</b>	<b>659</b>
<b>County Total</b>	<b>196</b>	<b>659</b>
Benchmark Minimum Level of Readiness	<b>51</b>	<b>51</b>
Beds above / below BM	<b>+145</b>	<b>+608</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Contra Costa County Data</b>			
LHD			0
Hospitals	59	24	30
Clinics	0	0	0
<b>County Total</b>	59	24	30
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).



	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Contra Costa County Data</b>						
LHD	3,000	12,000	0	21,500	4,100	0
Hospitals	9,732	38,928	795	1,554	1,132	370
Clinics	0	0	0	0	0	0
County Total	12,732	61,928	795	23,054	5,232	370
% of Total Achieved			1.28%	37.23%	8.45%	.60%
% of Staff Achieved			6.24%	181.07%	41.09%	2.91%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purify Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 20 Level A, 28 Level B, 79 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 8,100 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
Contra Costa County Data				
LHD	20	20	20	0
Hospitals	0	8	59	0
Clinics	0	0	0	0
<b>County Total</b>	20	28	79	0
OES Region II Data				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Contra Costa County Data				
LHD	15	15	15	Not measured
Hospitals	8	60	93	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	23	75	108	Not measured
OES Region II Data				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 108 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .74 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Contra Costa County Data	
LHD	0
Hospitals	5,136
Clinics	0
<b>County Total</b>	5,136
OES Region II Data	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Contra Costa County Data	
LHD	0
Hospitals	80
Clinics	0
<b>County Total</b>	80
OES Region II Data	
<b>Region Total</b>	1,723

Hospitals reported a total of 123 traditional ventilators and 17 transport ventilators. Hospitals indicated that on average throughout the year, 65 or 52.85% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Contra Costa County Data				
Hospitals	123	17	65	52.85%
OES Region II Data				
<b>Region Total</b>	1,233	1,256	631.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Contra Costa County Data				
LHD	30	12	90	36
Hospitals	332	81	996	243
Clinics	0	0	0	0
<b>County Total</b>	362	93	1,086	279
OES Region II Data				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Contra Costa County	1,020,898	510	455	1,365
OES Region II	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	7
Dedicated phones	2
Fax	7
HAM radio	6
Satellite phones	1
Email	7
800 MHz radios	3
Fiber optics	1
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Contra Costa County</b>			
LHD	3,000	20	.67%
Hospitals	9,732	2,212	22.73%
Clinics	0	0	0%
<b>County Total</b>	12,732	2,232	17.53%
<b>OES Region II</b>			
<b>Region Total</b>	147,953.4	16,003	10.82%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 8 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 5 exercises involving influenza.

## Contra Costa County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Barrier Fence	10
Bio-Hazard Stickers	48
Blower w Inline Heater	8
Body Bags	72
Caution Tape	10
Chair Cover for Evacuation Chair	31
Cots	144
Evacuation Chair	31
Extension Cord	76
Flammable Storage Cabinet	8
Flashlights	40
Fluorescent Lighting	111
Gas Cans	42
Generator	20
Generator Recoil	16
Heat/AC Unit for Shelter Tents	18
HVAC System with Supply and Return	2
Light fixture	12
Lightsticks	1,000
Locking Rear Lift Handles for Evacuation Chair	31
Padlocks	18
Power Strip	39
Shelter	19
Tongue Lock for Trailer	6
Traffic Cones	100
Trailers	6
Wall Storage Bracket for Evacuation Chair	31
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	935
Doxycycline	60,133
Gentamic	850
Levaquin	850
Sulfamethoxazole/Trimethoprim	850
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger (single unit, linkable)	20
Battery Pack	46
Charger (5-channel)	4
Coveralls	89
Disposable/Training Personal Protective Equipment (PPE)	96
Gloves (pair)	78,815
Lithium Battery	49
Masks	2,500

<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	935
Doxycycline	60,133
Gentamic	850
Levaquin	850
Sulfameth/Tri	850
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
BATT PACK LITHIUM	46
Butyl Hood for PAPR	4
Coveralls	89
Disposable/Training Personal Protective Equipment (PPE)	96
FR-57 Cartridges (6 per bag)	89
Gloves (pair)	78,815
Lithium Battery	49
MOBILE CONTAINMENT SYSTEM	20
N-95 Masks	2,500
NIMH Battery Charger Single Unit, linkable	20
NIMH Rechargeable 8 Hour Battery Pack W/LED Light	46
Overshoe Boot (Pr)	25
PERSONAL SAFETY SUIT	790
Powered Air Purifying Respirator (PAPR)	20
Powered Air Purifying Respirator (PAPR) Battery Charger -5 channel	7
Respirator Cartridges (6/pk)	7
SMART CHARGER 5 CHANNELS 120V	4
Training Suits, 3/box	24
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
3-Line Complete Decon system	2
Hospital Decon Shelter	4
FLASH HEATER	4
HAND SPRAYER NYLON	43
Wastewater pump	9
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
Satellite Phones	21
2-way Radios	24

**DEL NORTE COUNTY**  
**Health & Social Services**

APPENDIX D

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 127,840	\$0	\$127,840
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 128,885	\$128,885	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 139,523	\$ 139,523	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 143,628	\$ 143,628	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 80,051	\$ 80,051	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$45,819	\$45,819	\$0
		<b>\$ 665,746</b>	<b>\$ 537,906</b>	<b>\$127,840</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 146,477	\$0	\$146,477
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 125,598	\$23,331	\$102,267
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 108,623	\$ 37,576	\$71,047
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 126,497	\$ 94,700	\$31,797
		<b>\$ 507,195</b>	<b>\$ 155,607</b>	<b>\$351,588</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.



**DEL NORTE COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.905	<b>\$42,704</b>	<b>\$0</b>	<b>\$42,704</b>
Administration				
Emergency Coordinator/BT Specialist	0.46			
Environmental Scientist	0.04			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.025			
Health Program Manager/Specialist	0.11			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.27			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$16,107</b>	<b>\$0</b>	<b>\$16,107</b>
<b>TRAVEL</b>		<b>\$7,742</b>	<b>\$0</b>	<b>\$7,742</b>
<b>EQUIPMENT</b>		<b>\$16,650</b>	<b>\$0</b>	<b>\$16,650</b>
Communications		\$7,650		\$7,650
Exercises and drills		\$1,500		\$1,500
Information Technology				\$0
Laboratory				\$0
Surge		\$7,500		\$7,500
<b>SUPPLIES</b>		<b>\$4,255</b>	<b>\$0</b>	<b>\$4,255</b>
Communications				\$0
Exercises and drills		\$1,202		\$1,202
Information Technology				\$0
Laboratory				\$0
Office		\$3,053		\$3,053
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$30,000</b>	<b>\$0</b>	<b>\$30,000</b>
Provide training for All-Hazards emergency preparedness.		\$15,000		\$15,000
Provide training for All-Hazards emergency preparedness.		\$15,000		\$15,000
				\$0
<b>OTHER</b>		<b>\$4,500</b>	<b>\$0</b>	<b>\$4,500</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office		\$4,500		\$4,500
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$5,881</b>	<b>\$0</b>	<b>\$5,881</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$127,839</b>	<b>\$0</b>	<b>\$127,839</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$127,839</b>	<b>\$0</b>	<b>\$127,839</b>

**DEL NORTE COUNTY**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.89	<b>\$68,847</b>	<b>\$26,613</b>	<b>\$42,234</b>
Administration	0.09			
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist	0.3			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.1			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.9			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$28,946</b>	<b>\$9,026</b>	<b>\$19,920</b>
<b>TRAVEL</b>		<b>\$3,755</b>		<b>\$3,755</b>
<b>EQUIPMENT</b>		<b>\$3,800</b>	<b>\$0</b>	<b>\$3,800</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$3,800		\$3,800
<b>SUPPLIES</b>		<b>\$1,960</b>	<b>\$0</b>	<b>\$1,960</b>
Communications		\$1,020		\$1,020
Exercises and drills		\$440		\$440
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge		\$500		\$500
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$11,797</b>	<b>\$0</b>	<b>\$11,797</b>
Provide emergency preparedness training for county staff.		\$10,000		\$10,000
Map populations and hazards.		\$1,797		\$1,797
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$2,199</b>	<b>-\$2,199</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office			\$2,199	-\$2,199
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$9,779</b>	<b>\$3,564</b>	<b>\$6,215</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$128,884</b>	<b>\$41,402</b>	<b>\$87,482</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$128,884</b>	<b>\$41,402</b>	<b>\$87,482</b>
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**DEL NORTE COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$5,730</b>	<b>\$0</b>	<b>\$5,730</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$5,730		\$5,730
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$72,647</b>	<b>\$0</b>	<b>\$72,647</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$51,483		\$51,483
Target Capability #3, Equipment & Systems	\$17,925		\$17,925
Target Capability #4, Training	\$3,239		\$3,239
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$42,288</b>	<b>\$0</b>	<b>\$42,288</b>
Target Capability #1, Personnel	\$8,458		\$8,458
Target Capability #2, Planning	\$8,458		\$8,458
Target Capability #3, Equipment & Systems	\$8,458		\$8,458
Target Capability #4, Training	\$8,458		\$8,458
Target Capability #5, Exercise Evaluations & Corrective Actions	\$8,458		\$8,458
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$18,100</b>	<b>\$0</b>	<b>\$18,100</b>
Target Capability #1, Personnel	\$1,269		\$1,269
Target Capability #2, Planning	\$8,991		\$8,991
Target Capability #3, Equipment & Systems	\$3,957		\$3,957
Target Capability #4, Training	\$2,614		\$2,614
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,269		\$1,269
<b>TOTAL</b>	<b>\$138,765</b>	<b>\$0</b>	<b>\$138,765</b>

**DEL NORTE COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$32,276</b>	<b>\$0</b>	<b>\$32,276</b>
Benchmark 2-1, Bed Capacity	\$2,861		\$2,861
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$18,161		\$18,161
Benchmark 2-6, Personal Protective Equipment	\$11,254		\$11,254
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$55,736</b>	<b>\$0</b>	<b>\$55,736</b>
Benchmark 2-1, Bed Capacity	\$4,052		\$4,052
Benchmark 2-2, Isolation Capacity	\$28,545		\$28,545
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$599		\$599
Benchmark 2-10, Communication and Information Technology	\$9,988		\$9,988
Benchmark 5, Education and Preparedness Training	\$10,180		\$10,180
Benchmark 6, Terrorism Preparedness Exercises	\$2,371		\$2,371
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$25,040</b>	<b>\$0</b>	<b>\$25,040</b>
Benchmark 2-1, Bed Capacity	\$3,130		\$3,130
Benchmark 2-2, Isolation Capacity	\$3,130		\$3,130
Benchmark 2-5, Pharmaceutical Caches	\$3,130		\$3,130
Benchmark 2-6, Personal Protective Equipment	\$3,130		\$3,130
Benchmark 2-7, Decontamination	\$3,130		\$3,130
Benchmark 2-10, Communication and Information Technology	\$3,130		\$3,130
Benchmark 5, Education and Preparedness Training	\$3,130		\$3,130
Benchmark 6, Terrorism Preparedness Exercises	\$3,130		\$3,130
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$12,546</b>	<b>\$0</b>	<b>\$12,546</b>
Benchmark 2-1, Bed Capacity	\$1,506		\$1,506
Benchmark 2-2, Isolation Capacity	\$4,751		\$4,751
Benchmark 2-5, Pharmaceutical Caches	\$470		\$470
Benchmark 2-6, Personal Protective Equipment	\$470		\$470
Benchmark 2-7, Decontamination	\$559		\$559
Benchmark 2-10, Communication and Information Technology	\$1,968		\$1,968
Benchmark 5, Education and Preparedness Training	\$1,997		\$1,997
Benchmark 6, Terrorism Preparedness Exercises	\$825		\$825
<b>TOTAL</b>	<b>\$125,598</b>	<b>\$0</b>	<b>\$125,598</b>

## California Surge Capacity Survey Summary County of Del Norte

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### **Survey Findings by HRSA Benchmark**

#### **Benchmark 2-1: Surge Beds**

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Del Norte County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Del Norte County Data</b>		
LHD	<b>15</b>	<b>0</b>
Hospitals	<b>25</b>	<b>25</b>
Clinics	<b>40</b>	<b>18</b>
<b>County Total</b>	<b>80</b>	<b>43</b>
Benchmark Minimum Level of Readiness	<b>14</b>	<b>14</b>
Beds above / below BM	<b>+66</b>	<b>+29</b>
<b>OES Region xx Data</b>		
Benchmark Minimum	<b>4,076</b>	<b>4,076</b>

Level of Readiness		
<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
Chemical Poisoning		
<b>Del Norte County Data</b>		
Hospitals	<b>8</b>	<b>7</b>
<b>County Total</b>	<b>8</b>	<b>7</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>7</b>	<b>6</b>
<b>OES Region xx Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Del Norte County Data</b>		
Hospitals	<b>7</b>	<b>35</b>
<b>County Total</b>	<b>7</b>	<b>35</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+6</b>	<b>+34</b>
<b>OES Region xx Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
Radiation Induced Injury		
<b>Del Norte County Data</b>		
Hospitals	<b>12</b>	<b>32</b>
<b>County Total</b>	<b>12</b>	<b>32</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+11</b>	<b>+31</b>
<b>OES Region xx Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>



### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Del Norte County Data</b>			
LHD			0
Hospitals	5	0	0
Clinics	0	0	0
<b>County Total</b>	5	0	0
<b>OES Region xx Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Del Norte County Data</b>						
LHD	16	64	0	0	0	0
Hospitals	425	1,700	17	19	0	0
Clinics	55	220	106	22	0	0
County Total	496	1,984	123	41	0	0
% of Total Achieved			6.20%	2.07%	0%	0%
% of Staff Achieved			24.80%	8.27%	0%	0%
<b>OES Region xx Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of Powered Air Purifying Respirators (PAPR), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 10 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 423 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Del Norte County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	10	0
Clinics	0	0	0	0
<b>County Total</b>	0	0	10	0
OES Region xx Data				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Del Norte County Data</b>				
LHD	0	0	0	Not measured
Hospitals	0	2	7	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	2	7	Not measured
OES Region xx Data				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 7 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .7 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Del Norte County Data</b>	
LHD	0
Hospitals	600
Clinics	180
<b>County Total</b>	780
OES Region xx Data	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Del Norte County Data</b>	
LHD	0
Hospitals	10
Clinics	0
<b>County Total</b>	10
OES Region xx Data	
<b>Region Total</b>	1,723

Hospitals reported a total of 5 traditional ventilators and 7 transport ventilators. Hospitals indicated that on average throughout the year, 2 or 40% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Del Norte County Data</b>				
Hospitals	5	7	2	40%
OES Region xx Data				
<b>Region Total</b>	1,233	1,256	631.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Del Norte County Data</b>				
LHD	0	0	0	0
Hospitals	15	5	45	15
Clinics	30	0	90	0
<b>County Total</b>	45	5	135	15
<b>OES Region II Data</b>				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Del Norte County</b>	28,895	14	50	150
<b>OES Region II</b>	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	1
HAM radio	1
Satellite phones	0
Email	1
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Del Norte County</b>			
LHD	16	1	6.25%
Hospitals	425	0	0%
Clinics	55	0	0%
<b>County Total</b>	<b>496</b>	<b>1</b>	<b>.20%</b>
<b>OES Region xx</b>			
<b>Region Total</b>	<b>147,953.4</b>	<b>16,003</b>	<b>10.82%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 1 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## Del Norte County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Air/Manual Hydraulic Crane Jack	1
Caution Tape	4
Extension Cord	2
Generator	1
Gooseneck Bar	1
Gurney	2
Heavy Duty Platform Truck	6
Hydraulic Bottle Jack	3
Megaphone	1
Plastic Folding Barricade	5
Portable Gas-fired Heater	1
Sledge Hammer	2
Tool Set (165 piece)	1
Triage Tags	2,350
Tripod Light Stand	2
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery	120
Fit Test Kit	5
Fit Test Solution	12
Flashlight	20
Full Face Respirator	10
Lightstick	200
N95 Respirator	2,880
Respirator Cartridges	20
Sensitivity Solution	12
Thermal Imager	1
Training Suits	9
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
"Restricted Area - Keep Out" signs	4
Bladder w/Carry Bag	2
Don-it Kit	63
Locking Utility Cart	1
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	8
Generator	4
Generator Wheel Kit	5
<b>BM 6 Surge Capacity: Terrorism Preparedness Exercises</b>	
Extension Cord	2
Flashlight	20

# EL DORADO COUNTY

APPENDIX D

## Public Health Services

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 368,017	\$0	\$368,017
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 331,759	\$331,759	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 453,295	\$ 453,295	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 404,125	\$ 404,125	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 223,778	\$ 223,778	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$73,069	\$73,069	\$0
		<b>\$ 1,854,043</b>	<b>\$ 1,486,026</b>	<b>\$368,017</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 204,267	\$0	\$204,267
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 228,374	\$143,550	\$84,824
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 264,425	\$ 213,640	\$50,785
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 229,853	\$ 229,853	\$0
		<b>\$ 926,919</b>	<b>\$ 587,043</b>	<b>\$339,876</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.



**EL DORADO COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.79	<b>\$130,495</b>	<b>\$0</b>	<b>\$130,495</b>
Administration	0.55			
Emergency Coordinator/BT Specialist	0.31			
Environmental Scientist	0.45			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	2.33			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.15			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$41,363</b>	<b>\$0</b>	<b>\$41,363</b>
<b>TRAVEL</b>		<b>\$16,050</b>	<b>\$0</b>	<b>\$16,050</b>
<b>EQUIPMENT</b>		<b>\$1,000</b>	<b>\$0</b>	<b>\$1,000</b>
Communications		\$1,000		\$1,000
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$10,737</b>	<b>\$0</b>	<b>\$10,737</b>
Communications				\$0
Exercises and drills		\$3,000		\$3,000
Information Technology				\$0
Laboratory				\$0
Office		\$5,868		\$5,868
Surge		\$1,869		\$1,869
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$22,500</b>	<b>\$0</b>	<b>\$22,500</b>
Implement webbased EOC tracking system		\$17,500		\$17,500
Train LHD and partners on BT related issues.		\$5,000		\$5,000
				\$0
<b>OTHER</b>		<b>\$28,684</b>	<b>\$0</b>	<b>\$28,684</b>
Communications				\$0
Supplies				\$0
Information Technology		\$4,200		\$4,200
Office		\$11,000		\$11,000
Training				\$0
Facilities		\$13,484		\$13,484
<b>INDIRECT COSTS</b>		<b>\$17,188</b>	<b>\$0</b>	<b>\$17,188</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$268,017</b>	<b>\$0</b>	<b>\$268,017</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1	\$63,600	\$0	\$63,600
Program Supervisor	0.8			
Staff Specialist	0.2			
<b>FRINGE BENEFITS</b>		\$8,400	\$0	\$8,400
<b>TRAVEL</b>		\$4,800	\$0	\$4,800
<b>EQUIPMENT</b>		\$16,000	\$0	\$16,000
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$16,000		\$16,000
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		\$7,200	\$0	\$7,200
<b>TOTAL CRI FUNDING</b>		\$100,000	\$0	\$100,000
<b>TOTAL CDC GRANT FUNDING</b>		\$368,017	\$0	\$368,017

**EL DORADO COUNTY**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	2.1	<b>\$143,504</b>	<b>\$77,419</b>	<b>\$66,085</b>
Administration	0.25			
Emergency Coordinator/BT Specialist	0.85			
Environmental Scientist	0.1			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.75			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.15			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$49,359</b>	<b>\$31,238</b>	<b>\$18,121</b>
<b>TRAVEL</b>		<b>\$9,224</b>	<b>\$1,350</b>	<b>\$7,874</b>
<b>EQUIPMENT</b>		<b>\$16,006</b>	<b>\$4,968</b>	<b>\$11,038</b>
Communications				\$0
Exercises and drills		\$3,072	\$3,222	-\$150
Information Technology		\$12,934	\$1,746	\$11,188
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$5,338</b>	<b>\$838</b>	<b>\$4,500</b>
Communications				\$0
Exercises and drills		\$1,338		\$1,338
Information Technology				\$0
Laboratory				\$0
Office		\$4,000	\$838	\$3,162
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$7,500</b>	<b>\$0</b>	<b>\$7,500</b>
Implement training exercises.		\$7,500		\$7,500
				\$0
<b>OTHER</b>		<b>\$23,158</b>	<b>\$9,034</b>	<b>\$14,124</b>
Communications		\$3,818	\$285	\$3,533
Supplies				\$0
Information Technology				\$0
Office		\$8,718	\$5,023	\$3,695
Training				\$0
Facilities		\$10,622	\$3,726	\$6,896
<b>INDIRECT COSTS</b>		<b>\$19,259</b>	<b>\$10,866</b>	<b>\$8,393</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$273,348</b>	<b>\$135,713</b>	<b>\$137,635</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.05	\$47,540	\$1,295	\$46,245
Program Supervisor	0.05			
Staff Specialist				
<b>FRINGE BENEFITS</b>		\$1,390	\$1,532	-\$142
<b>TRAVEL</b>		\$2,500	\$57	\$2,443
<b>EQUIPMENT</b>		\$1,400	\$1,141	\$259
Communications				\$0
Exercises and drills				\$0
Information Technology		\$1,400	\$1,141	\$259
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$189	\$0	\$189
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$189		\$189
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$500	\$654	-\$154
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office		\$500	\$654	-\$154
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		\$4,893		\$4,893
<b>TOTAL CRI FUNDING</b>		\$58,412	\$4,679	\$53,733

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$331,760</b>	<b>\$140,392</b>	<b>\$191,368</b>
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**EL DORADO COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$60,200</b>	<b>\$0</b>	<b>\$60,200</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$60,200		\$60,200
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$34,923</b>	<b>\$0</b>	<b>\$34,923</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$31,723		\$31,723
Target Capability #3, Equipment & Systems	\$1,200		\$1,200
Target Capability #4, Training	\$2,000		\$2,000
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$82,500</b>	<b>\$0</b>	<b>\$82,500</b>
Target Capability #1, Personnel	\$22,000		\$22,000
Target Capability #2, Planning	\$10,000		\$10,000
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$10,000		\$10,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$30,500		\$30,500
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$26,644</b>	<b>\$0</b>	<b>\$26,644</b>
Target Capability #1, Personnel	\$3,300		\$3,300
Target Capability #2, Planning	\$6,259		\$6,259
Target Capability #3, Equipment & Systems	\$1,680		\$1,680
Target Capability #4, Training	\$10,830		\$10,830
Target Capability #5, Exercise Evaluations & Corrective Actions	\$4,575		\$4,575
<b>TOTAL</b>	<b>\$204,267</b>	<b>\$0</b>	<b>\$204,267</b>

**EL DORADO COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$71,172</b>	<b>\$0</b>	<b>\$71,172</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$42,754		\$42,754
Benchmark 6, Terrorism Preparedness Exercises	\$28,418		\$28,418
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$31,028</b>	<b>\$0</b>	<b>\$31,028</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$8,190		\$8,190
Benchmark 2-5, Pharmaceutical Caches	\$22,838		\$22,838
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$49,365</b>	<b>\$0</b>	<b>\$49,365</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$8,470		\$8,470
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$6,910		\$6,910
Benchmark 2-7, Decontamination	\$26,085		\$26,085
Benchmark 2-10, Communication and Information Technology	\$7,900		\$7,900
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$6,250		\$6,250
Benchmark 2-2, Isolation Capacity	\$6,250		\$6,250
Benchmark 2-5, Pharmaceutical Caches	\$6,250		\$6,250
Benchmark 2-6, Personal Protective Equipment	\$6,250		\$6,250
Benchmark 2-7, Decontamination	\$6,250		\$6,250
Benchmark 2-10, Communication and Information Technology	\$6,250		\$6,250
Benchmark 5, Education and Preparedness Training	\$6,250		\$6,250
Benchmark 6, Terrorism Preparedness Exercises	\$6,250		\$6,250
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$26,809</b>	<b>\$0</b>	<b>\$26,809</b>
Benchmark 2-1, Bed Capacity	\$938		\$938
Benchmark 2-2, Isolation Capacity	\$3,437		\$3,437
Benchmark 2-5, Pharmaceutical Caches	\$938		\$938
Benchmark 2-6, Personal Protective Equipment	\$1,974		\$1,974
Benchmark 2-7, Decontamination	\$4,850		\$4,850
Benchmark 2-10, Communication and Information Technology	\$2,123		\$2,123
Benchmark 5, Education and Preparedness Training	\$7,351		\$7,351
Benchmark 6, Terrorism Preparedness Exercises	\$5,200		\$5,200
<b>TOTAL</b>	<b>\$228,374</b>	<b>\$0</b>	<b>\$228,374</b>

## California Surge Capacity Survey Summary County of El Dorado

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Madera County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>El Dorado County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>28</b>	<b>61</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>28</b>	<b>61</b>
Benchmark Minimum Level of Readiness	<b>87</b>	<b>87</b>
Beds above / below BM	<b>-59</b>	<b>-26</b>
<b>OES Region IV Data</b>		
Benchmark Minimum	<b>1,718</b>	<b>1,718</b>

Level of Readiness		
<b>Region Total</b>	<b>2,156</b>	<b>2,875</b>
Beds above / below BM	<b>+438</b>	<b>+1,157</b>
Chemical Poisoning		
<b>El Dorado County Data</b>		
Hospitals	<b>7</b>	<b>11</b>
<b>County Total</b>	<b>7</b>	<b>11</b>
Benchmark Minimum Level of Readiness	<b>9</b>	<b>9</b>
Beds above / below BM	<b>-2</b>	<b>+2</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>269</b>	<b>397</b>
Beds above / below BM	<b>+97</b>	<b>+225</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>El Dorado County Data</b>		
Hospitals	<b>7</b>	<b>63</b>
<b>County Total</b>	<b>7</b>	<b>63</b>
Benchmark Minimum Level of Readiness	<b>9</b>	<b>9</b>
Beds above / below BM	<b>-2</b>	<b>+54</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>225</b>	<b>1,471</b>
Beds above / below BM	<b>+53</b>	<b>+1,299</b>
Radiation Induced Injury		
<b>El Dorado County Data</b>		
Hospitals	<b>7</b>	<b>57</b>
<b>County Total</b>	<b>7</b>	<b>57</b>
Benchmark Minimum Level of Readiness	<b>9</b>	<b>9</b>
Beds above / below BM	<b>-2</b>	<b>+48</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>206</b>	<b>1,154</b>
Beds above / below BM	<b>+34</b>	<b>+982</b>



### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>El Dorado County Data</b>			
LHD			0
Hospitals	5	2	2
Clinics	0	0	0
<b>County Total</b>	5	2	2
<b>OES Region IV Data</b>			
<b>Region Total</b>	303	156	44

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>El Dorado County Data</b>						
LHD	152	608	0	93	17	0
Hospitals	2,414	9,656	322	267	283	167
Clinics	55	220	0	0	3	7
County Total	2,621	10,484	322	360	303	174
% of Total Achieved			3%	3%	3%	2%
% of Staff Achieved			12%	14%	12%	7%
<b>OES Region IV Data</b>						
Region Total	53,346	266,864	19,384	51,719	82,102	7,018
% of Total Achieved			7%	19%	31%	3%
% of Staff Achieved			36%	97%	154%	13%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 6 Level B, 23 Level C, and 750 Level D complete suits available. LHDs, hospitals and clinics report that 1,786 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>El Dorado County Data</b>				
LHD	0	0	0	0
Hospitals	0	6	23	750
Clinics	0	0	0	0
<b>County Total</b>	0	6	23	750
<b>OES Region IV Data</b>				
<b>Regional Total</b>	71	84	868	20,387

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>El Dorado County Data</b>				
LHD	0	0	0	Not measured
Hospitals	0	22	82	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	22	82	Not measured
<b>OES Region IV Data</b>				
<b>Regional Total</b>	49	140	714	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 82 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .23 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>El Dorado County Data</b>	
LHD	200
Hospitals	2,500
Clinics	40
<b>County Total</b>	2,740
<b>OES Region IV Data</b>	
<b>Region Total</b>	167,225

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>El Dorado County Data</b>	
LHD	0
Hospitals	19
Clinics	0
<b>County Total</b>	19
<b>OES Region IV Data</b>	
<b>Region Total</b>	799

Hospitals reported a total of 12 traditional ventilators and 31 transport ventilators. Hospitals indicated that on average throughout the year, 4 or 33% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>El Dorado County Data</b>				
Hospitals	12	31	4	33%
<b>OES Region IV Data</b>				
<b>Region Total</b>	626	799	324	52%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
El Dorado County Data				
LHD	0	0	0	0
Hospitals	103	9	309	27
Clinics	0	0	0	0
<b>County Total</b>	103	9	309	27
OES Region IV Data				
<b>Region Total</b>	1,152	263	3,456	789

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
El Dorado County	173,407	87	112	336
OES Region IV	3,435,586	1,718	1,415	4,245

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	2
Dedicated phones	0
Fax	2
HAM radio	2
Satellite phones	2
Email	2
800 MHz radios	1
Fiber optics	0
Microwave radio	0
Health Alert Network	2

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>El Dorado County</b>			
LHD	152	152	100%
Hospitals	2,414	1,200	49.7%
Clinics	55	1	1.87%
<b>County Total</b>	<b>2,621</b>	<b>1,353</b>	<b>51.6%</b>
<b>OES Region IV</b>			
<b>Region Total</b>	<b>53,346</b>	<b>9,544</b>	<b>17.9%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 2 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## El Dorado County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Air Purification System	2
Anteroom Envelope	2
Body Bags	22
Caution Tape	5
Dispose-A-Board w/Cradle, Straps and Collar	30
Filter Cartridges	50
Negative Air Machine	2
Negative Pressure Isolation Kit	2
Replacement HEPA Filter	6
Replacement Pre-filter	50
Replacement Pre-filter Pad	96
Traffic Cone	10
Triage Tags	500
Wool Blanket	100
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger (5-unit)	1
Battery Charger (single unit)	2
CDR Masks	6
Chemical Suit	20
Coveralls (each)	20
Powered Air Purifying Respirator (PAPR)	7
Powered Air Purifying Respirator (PAPR) Breathing Tube	7
Powered Air Purifying Respirator (PAPR) Head Covers	3
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Battery Pack, Rechargeable	50
Charging Unit (4-unit)	10
Escape Hoods	1
Vehicle Filter System	1
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	10

# FRESNO COUNTY

APPENDIX D

## Department of Community Health

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 1,423,226	\$0	\$1,423,226
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 1,345,084	\$1,345,085	-\$1
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,550,928	\$ 1,550,928	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,511,353	\$ 1,511,353	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 747,697	\$ 747,697	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$210,605	\$210,605	\$0
		<b>\$ 6,788,893</b>	<b>\$ 5,365,668</b>	<b>\$1,423,225</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 488,606	\$0	\$488,606
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 555,477	\$173,580	\$381,897
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 949,326	\$ 771,274	\$178,052
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 713,825	\$ 731,381	-\$17,556
		<b>\$ 2,707,234</b>	<b>\$ 1,676,235</b>	<b>\$1,030,999</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.



**FRESNO COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	15.05	<b>\$746,296</b>	<b>\$0</b>	<b>\$746,296</b>
Administration	1.15			
Emergency Coordinator/BT Specialist	3.5			
Environmental Scientist				
Epidemiologist/Biostatistician	4			
Health Educator	2			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	4.4			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$300,125</b>	<b>\$0</b>	<b>\$300,125</b>
<b>TRAVEL</b>		<b>\$18,041</b>	<b>\$0</b>	<b>\$18,041</b>
<b>EQUIPMENT</b>		<b>\$7,400</b>	<b>\$0</b>	<b>\$7,400</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$7,400		\$7,400
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$53,799</b>	<b>\$0</b>	<b>\$53,799</b>
Communications				\$0
Exercises and drills		\$5,000		\$5,000
Information Technology				\$0
Laboratory		\$41,404		\$41,404
Office		\$3,895		\$3,895
Surge		\$3,500		\$3,500
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$14,950</b>	<b>\$0</b>	<b>\$14,950</b>
Certify gas tightness of BSL-3 laboratory.		\$3,500		\$3,500
Provide periodic maintenance of laboratory and equipment.		\$5,000		\$5,000
Provide periodic maintenance of laboratory and equipment.		\$6,450		\$6,450
				\$0
<b>OTHER</b>		<b>\$49,732</b>	<b>\$0</b>	<b>\$49,732</b>
Communications				\$0
Supplies				\$0
Information Technology		\$27,583		\$27,583
Office				\$0
Training		\$22,149		\$22,149
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$104,642</b>	<b>\$0</b>	<b>\$104,642</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$1,294,985</b>	<b>\$0</b>	<b>\$1,294,985</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1	\$58,577	\$0	<b>\$58,577</b>
Program Supervisor	1			
Staff Specialist				
<b>FRINGE BENEFITS</b>		<b>\$26,424</b>	<b>\$0</b>	<b>\$26,424</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$79,600</b>	<b>\$0</b>	<b>\$79,600</b>
Communications		\$79,600		\$79,600
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$15,122</b>	<b>\$0</b>	<b>\$15,122</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training		\$15,122		\$15,122
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$8,500</b>	<b>\$0</b>	<b>\$8,500</b>
<b>TOTAL CRI FUNDING</b>		<b>\$188,223</b>	<b>\$0</b>	<b>\$188,223</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$1,483,208</b>	<b>\$0</b>	<b>\$1,483,208</b>

**FRESNO COUNTY**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	16.23	<b>\$800,241</b>	<b>\$690,818</b>	<b>\$109,423</b>
Administration	1			
Emergency Coordinator/BT Specialist	2			
Environmental Scientist				
Epidemiologist/Biostatistician	1			
Health Educator	2			
Health Officer/Public Health Medical Officer	0.23			
Health Program Manager/Specialist	2			
Information Technology				
Microbiologists	1			
Pharmacist				
Public Health Nurse	2			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)	5			
<b>FRINGE BENEFITS</b>		<b>\$283,141</b>	<b>\$270,344</b>	<b>\$12,797</b>
<b>TRAVEL</b>		<b>\$53,390</b>	<b>\$10,039</b>	<b>\$43,351</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$63,420</b>	<b>\$40,782</b>	<b>\$22,638</b>
Communications				\$0
Exercises and drills		\$20,504	\$16,661	\$3,843
Information Technology				\$0
Laboratory		\$40,916	\$22,849	\$18,067
Office		\$2,000	\$1,272	\$728
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$12,950</b>	<b>\$4,740</b>	<b>\$8,210</b>
Certify BSL-3 laboratory.		\$1,500		\$1,500
Provide periodic maintenance of laboratory and equipment.		\$5,000	\$4,740	\$260
Provide periodic maintenance of laboratory and equipment.		\$6,450		\$6,450
				\$0
<b>OTHER</b>		<b>\$23,604</b>	<b>\$0</b>	<b>\$23,604</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training		\$23,604		\$23,604
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$108,338</b>	<b>\$96,116</b>	<b>\$12,222</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$1,345,084</b>	<b>\$1,112,839</b>	<b>\$232,245</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$1,345,084</b>	<b>\$1,112,839</b>	<b>\$232,245</b>
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**FRESNO COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$66,800</b>	<b>\$0</b>	<b>\$66,800</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$46,800		\$46,800
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions	\$20,000		\$20,000
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$308,510</b>	<b>\$0</b>	<b>\$308,510</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$272,510		\$272,510
Target Capability #4, Training	\$36,000		\$36,000
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$42,500</b>	<b>\$0</b>	<b>\$42,500</b>
Target Capability #1, Personnel	\$42,500		\$42,500
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$62,672</b>	<b>\$0</b>	<b>\$62,672</b>
Target Capability #1, Personnel	\$6,375		\$6,375
Target Capability #2, Planning	\$7,020		\$7,020
Target Capability #3, Equipment & Systems	\$40,877		\$40,877
Target Capability #4, Training	\$5,400		\$5,400
Target Capability #5, Exercise Evaluations & Corrective Actions	\$3,000		\$3,000
<b>TOTAL</b>	<b>\$480,482</b>	<b>\$0</b>	<b>\$480,482</b>

**FRESNO COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of Decemer 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$465,477</b>	<b>\$151,080</b>	<b>\$314,398</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$447,807	\$151,080	\$296,727
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$17,671		\$17,671
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$90,000</b>	<b>\$0</b>	<b>\$90,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$90,000		\$90,000
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>TOTAL</b>	<b>\$555,477</b>	<b>\$151,080</b>	<b>\$404,398</b>

# California Surge Capacity Summary

## County of Fresno

### Grant Period September 1, 2005 through August 31, 2007

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

#### **Benchmark 2-1: Surge Beds**

Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- a. 500 cases per million (1:2,000) population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- b. 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- c. 50 cases per million population for patients suffering burn or trauma; and
- d. 50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.

Fresno County is required to have the capacity to triage, treat, and initially stabilize 442 surge patients based on its current population of 883,537.

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Fresno County</b>		
<b>Benchmark Requirement</b>	<b>442</b>	<b>442</b>
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>243</b>	<b>317</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>243</b>	<b>317</b>
<b>Beds above / below Benchmark</b>	<b>-199</b>	<b>-125</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Fresno County</b>		
<b>Benchmark Requirement</b>	<b>44</b>	<b>44</b>
Hospitals	40	98
<b>County Total</b>	<b>40</b>	<b>98</b>
<b>Beds above / below Benchmark</b>	<b>-4</b>	<b>+54</b>
<b>Radiation Induced Injury</b>		
<b>Fresno County</b>		
<b>Benchmark Requirement</b>	<b>44</b>	<b>44</b>
Hospitals	33	131
<b>County Total</b>	<b>33</b>	<b>131</b>
<b>Beds above / below Benchmark</b>	<b>-11</b>	<b>+87</b>
<b>Chemical Poisoning</b>		
<b>Fresno County</b>		
<b>Benchmark Requirement</b>	<b>44</b>	<b>44</b>
Hospitals	73	71
<b>County Total</b>	<b>73</b>	<b>71</b>
<b>Beds above / below Benchmark</b>	<b>+29</b>	<b>+27</b>

### **Critical Benchmark 2-2: Isolation Capacity**

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients.



	# Isolation Beds Vented to Outside	*# of Fixed HEPA Systems	# of Portable HEPA Systems
<b>Fresno County</b>			
LHD			0
Hospitals	75	38	21
Clinics	0	0	0
<b>County Total</b>	75	38	21

\* HEPA is a type of air filtration system that is commonly used in air purifiers. HEPA is an acronym for "high efficiency particulate air."

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Fresno County</b>						
LHD	714	2,856	4,450	4,450	0	4,450
Hospitals	10,215	40,860	1,203	553	370	333
Clinics	0	0	0	0	0	0
<b>County Total</b>	10,929	43,716	5,653	5,003	370	4,783
<b>% of Total Achieved – Household of 4</b>			12.93%	11.44%	.85%	10.94%
<b>% of Staff Achieved</b>			51.72%	45.78%	3.39%	43.76%

\* A standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

## **Critical Benchmark 2-6: Personal Protective Equipment**

Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

Personal protective equipment is typed by level. Level A includes a Self Contained Breathing Apparatus (SCBA), totally encapsulating chemical protective suit, gloves, and boots and should be used when the greatest level of skin, respiratory, and eye protection is required. Level B includes a SCBA, hooded chemical resistant clothing, gloves, and boots and should be used when the highest level of respiratory protection is necessary but a lesser level of skin protection is needed. Level C protection includes a powered air purifying respirator (PAPR), hooded chemical resistant clothing, gloves, and boots and is used when the concentration and type of airborne substances is known.

In Year 3, HRSA required that each hospital have a minimum of 10 PAPRs.

Existing PPE			
	Level A	Level B	Level C
<b>Fresno County</b>			
LHD	0	0	0
Hospitals	0	0	60
Clinics	0	0	0
<b>County Total</b>	0	0	60

Number of Staff Trained in Use of PPE			
	Level A	Level B	Level C
<b>Fresno County</b>			
LHD	0	0	0
Hospitals	1	6	49
Clinics	0	0	0
<b>County Total</b>	1	6	49

N-95 Respirators	
	Number of N-95 Respirators
<b>Fresno County</b>	
LHD	0
Hospitals	962
Clinics	0
<b>County Total</b>	962

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Fresno County</b>	
LHD	0
Hospitals	60
Clinics	0
<b>County Total</b>	60

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use	# of Surge Ventilators*
<b>Fresno County</b>					
Hospitals	110	5	68	61.82%	47

\* Surge ventilators – average traditional ventilators not in use plus transport ventilators.

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The California Healthcare Surge Capacity Survey (CHSCS) asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Fresno County</b>	883,537	442	94	282

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Fresno County</b>				
LHD	0	0	0	0
Hospitals	69	25	207	75
Clinics	0	0	0	0
<b>County Total</b>	69	25	207	75

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CHSCS included a matrix asking LHDs, hospitals and clinics to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and

law enforcement. All entities surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

Communication Technology out of 31 Reporting Hospitals	Public Health	City EOC	EMS	Law Enforcement	County EOC	Fire	Clinics
Phones	6	3	6	6	6	6	6
*GETS/WPS Cards	1	1	1	1	1	1	1
Fax	6	3	3	3	3	3	3
HAM radio	1	1	1	1	0	1	0
Satellite phones	0	0	0	0	0	0	0
Email	6	3	6	6	3	3	3
800 MHz radios	0	0	0	0	0	0	0
Fiber optics	0	0	0	0	0	0	0
Microwave radio	0	0	0	0	0	0	0
Health Alert Network	0	0	0	0	0	0	0

\* Dedicated phones including Government Emergency Telecommunications Services Cards (GETS) for land-line communication prioritization or Wireless Priority Service (WPS) card for cellular phone communication prioritization.

#### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Fresno County</b>			
LHD	714	600	84.03%
Hospitals	10,215	69	.68%
Clinics	0	0	0%
<b>County Total</b>	<b>10,929</b>	<b>669</b>	<b>6.12%</b>

#### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Fresno County HRSA participating hospitals are required to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the California CHSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CHSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 22 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 2 exercises involving influenza.

The survey limited responses to the listed scenarios. Hospitals may have conducted exercises involving other scenarios.

Exercise Scenario	Hospital Exercise Participation
Anthrax	0
Botulinum	0
Plague	0
Smallpox	0
Tularemia	0
Nerve Agents	0
Blood Agents	0
Blister Agents	0
Radiation/Nuclear	0
Influenza (pandemic flu)	0
Explosives	6
Evacuation	3

Participating Entity	Number of Exercises Participated In
Hospitals	6
EMS	6
Law Enforcement	2
Labs	1
Clinics	4
Public Health	1
Tribal Entities	1
Homeland Security	0
FBI	1
FEMA	0
CDC	0
Military/National Guard	0
Fire	2
OES	1

## Fresno County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Caution Tape	3
Dust Containment Unit	12
Dust Containment Unit Bundle	12
Evacuation Chair	7
Generator	12
Generator Wheel Kit	12
Locking Rear Lift Handles for Evacuation Chair	7
Oxygen Manifold	7
Replacement Filter for Negative Air Machine	12
Replacement Poly Pad for Negative Air Machine	12
Treatment Area Flags	12
Treatment Pod (supplies for 25 people for 3 days)	22
Treatment Tarps	3
Triage Tags	750
Wall Storage Bracket for Evacuation Chair	7
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	27,995
Ciproflaxacin	58,333
Doxycycline	148,900
Gentamic	8,900
Levaquin	4,450
Sulfamethoxazole/Trimethoprim	4,450
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Bio Protective Kit	1,584
Boots (pair)	1,004
Chemical Tape	1,200
Coveralls (each)	546
Decontamination Kit	5
Gloves (pair)	900
Overshoe Boot (pair)	230
Personal Safety Suit	2
Powered Air Purifying Respirator (PAPR)	30
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Bio Protect Kit	650
Decontamination Shelter	2
Elevation Grid	30
Flash Water Heater	2
Flashlight	5
Nylon Hand Sprayer	2
Personal Safety Suit	1,175
Wastewater Pump W/15' Hose	9
Water Bladder	9

# GLENN COUNTY

APPENDIX D

## Health Services

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 127,320	\$0	\$127,320
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 128,187	\$128,187	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 198,823	\$ 198,823	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 142,614	\$ 142,614	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 78,912	\$ 78,912	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$45,549	\$45,549	\$0
		<u>\$ 721,405</u>	<u>\$ 594,085</u>	<u>\$127,320</u>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
		<u>\$ -</u>	<u>\$ -</u>	<u>\$0</u>

\* Health and Safety Code Section 10131 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**GLENN COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.325	<b>\$69,060</b>	<b>\$0</b>	<b>\$69,060</b>
Administration	0.275			
Emergency Coordinator/BT Specialist	0.9			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.15			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$30,482</b>	<b>\$0</b>	<b>\$30,482</b>
<b>TRAVEL</b>		<b>\$1,840</b>	<b>\$0</b>	<b>\$1,840</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$1,790</b>	<b>\$0</b>	<b>\$1,790</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$540		\$540
Surge		\$1,250		\$1,250
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$10,562</b>	<b>\$0</b>	<b>\$10,562</b>
Provide consultation on BT activities.		\$3,600		\$3,600
Implement recommendations provided by HOAC assessment.		\$500		\$500
Provide epidemiological services for communicable disease.		\$3,231		\$3,231
Provide epidemiological services for Pan Flu.		\$3,231		\$3,231
				\$0
<b>OTHER</b>		<b>\$3,632</b>	<b>\$0</b>	<b>\$3,632</b>
Communications		\$564		\$564
Supplies				\$0
Information Technology		\$2,468		\$2,468
Office		\$300		\$300
Training		\$300		\$300
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$9,954</b>		<b>\$9,954</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$127,320</b>	<b>\$0</b>	<b>\$127,320</b>



N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$127,320</b>	<b>\$0</b>	<b>\$127,320</b>

**GLENN COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.37	<b>\$69,187</b>	<b>\$32,541</b>	<b>\$36,646</b>
Administration	0.25			
Emergency Coordinator/BT Specialist	0.9			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.02			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.2			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$30,640</b>	<b>\$15,622</b>	<b>\$15,018</b>
<b>TRAVEL</b>		<b>\$2,442</b>	<b>\$1,413</b>	<b>\$1,029</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$1,500</b>	<b>\$510</b>	<b>\$990</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$1,500	\$510	\$990
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$7,850</b>	<b>\$3,600</b>	<b>\$4,250</b>
Provide consultation on BT activities.		\$7,200	\$3,600	\$3,600
Implement recommendations provided by HOAC assessment.		\$650		\$650
				\$0
<b>OTHER</b>		<b>\$4,915</b>	<b>\$3,238</b>	<b>\$1,677</b>
Communications		\$915	\$667	\$248
Supplies				\$0
Information Technology		\$3,100	\$1,274	\$1,826
Office		\$600	\$959	-\$359
Training		\$300	\$338	-\$38
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$11,653</b>	<b>\$5,692</b>	<b>\$5,961</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$128,187</b>	<b>\$62,616</b>	<b>\$65,571</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$128,187</b>	<b>\$62,616</b>	<b>\$65,571</b>
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## California Surge Capacity Survey Summary County of Glenn (Nor-Cal)

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Glenn (Nor-Cal) County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Glenn (Nor-Cal) County Data</b>		
LHD	<b>20</b>	<b>20</b>
Hospitals	<b>12</b>	<b>22</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>32</b>	<b>42</b>
Benchmark Minimum Level of Readiness	<b>14</b>	<b>14</b>
Beds above / below BM	<b>+18</b>	<b>+28</b>
<b>OES Region III Data</b>		

Benchmark Minimum Level of Readiness	393	393
<b>Region Total</b>	<b>714</b>	<b>975</b>
Beds above / below BM	+321	+582
Chemical Poisoning		
Glenn (Nor-Cal) County Data		
Hospitals	0	0
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	1	1
Beds above / below BM	-1	-1
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>56</b>	<b>75</b>
Beds above / below BM	+17	+36

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
Glenn (Nor-Cal) County Data		
Hospitals	0	22
<b>County Total</b>	<b>0</b>	<b>22</b>
Benchmark Minimum Level of Readiness	1	1
Beds above / below BM	-1	+21
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>66</b>	<b>673</b>
Beds above / below BM	+27	+634
Radiation Induced Injury		
Glenn (Nor-Cal) County Data		
Hospitals	0	22
<b>County Total</b>	<b>0</b>	<b>22</b>
Benchmark Minimum Level of Readiness	1	1
Beds above / below BM	-1	+21
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39

<b>Region Total</b>	<b>82</b>	<b>408</b>
Beds above / below BM	<b>+43</b>	<b>+369</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Glenn (Nor-Cal) County Data</b>			
LHD			0
Hospitals	1	0	0
Clinics	0	0	0
<b>County Total</b>	1	0	0
<b>OES Region III Data</b>			
<b>Region Total</b>	73	13	22

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate

number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Glenn (Nor-Cal) County Data</b>						
LHD	21	84	0	0	0	0
Hospitals	100	400	0	0	0	0
Clinics	0	0	0	0	0	0
County Total	121	484	0	0	0	0
% of Total Achieved			0%	0%	0%	0%
% of Staff Achieved			0%	0%	0%	0%
<b>OES Region III Data</b>						
Region Total	12,290.65	49,162	4,179	4,268	12,500	1,508
% of Total Achieved			8.5%	8.68%	25.43%	3.07%
% of Staff Achieved			34%	34.73%	101.70%	12.27%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 8 Level B, 3 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 17 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
Glenn (Nor-Cal) County Data				
LHD	0	0	3	0
Hospitals	0	8	0	0
Clinics	0	0	0	0
<b>County Total</b>	0	8	3	0
OES Region III Data				
<b>Regional Total</b>	33	51	470	2,959

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Glenn (Nor-Cal) County Data				
LHD	0	0	3	Not measured
Hospitals	0	5	0	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	5	3	Not measured
OES Region III Data				
<b>Regional Total</b>	24	116	279	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 3 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Glenn (Nor-Cal) County Data	
LHD	7
Hospitals	200
Clinics	0
<b>County Total</b>	207
OES Region III Data	
<b>Region Total</b>	14,272

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Glenn (Nor-Cal) County Data	
LHD	3
Hospitals	0
Clinics	0
<b>County Total</b>	3
OES Region III Data	
<b>Region Total</b>	427

Hospitals reported a total of 0 traditional ventilators and 0 transport ventilators. Hospitals indicated that on average throughout the year, 0 or 0% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Glenn (Nor-Cal) County Data				
Hospitals	0	0	0	0%
OES Region III Data				
<b>Region Total</b>	114	79	44	38.60%



### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Glenn (Nor-Cal) County Data				
LHD	20	4	60	12
Hospitals	4	2	12	6
Clinics	0	0	0	0
<b>County Total</b>	24	6	72	18
OES Region III Data				
<b>Region Total</b>	490	139	1,470	417

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Glenn (Nor-Cal) County	38,197	14	30	90
OES Region III	786,583	393	629	1,887

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	1
HAM radio	0
Satellite phones	0
Email	1
800 MHz radios	1
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Glenn (Nor-Cal) County</b>			
LHD	21	5	23.8%
Hospitals	100	0	0%
Clinics	0	0	0%
<b>County Total</b>	121	5	0%
<b>OES Region III</b>			
<b>Region Total</b>	2,563.3	1,874	73.10%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 0 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

# HUMBOLDT COUNTY

APPENDIX D

## Department of Health & Human Services

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 503,649	\$0	\$503,649
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 633,136	\$633,137	-\$1
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 542,460	\$ 542,460	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 607,625	\$ 607,625	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 530,766	\$ 530,766	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$66,464	\$66,464	\$0
		<b>\$ 2,884,100</b>	<b>\$ 2,380,452</b>	<b>\$503,648</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 187,097	\$0	\$187,097
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 190,835	\$53,672	\$137,163
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 212,030	\$ 180,913	\$31,117
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 197,581	\$ 197,581	\$0
		<b>\$ 787,543</b>	<b>\$ 432,166</b>	<b>\$355,377</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**HUMBOLDT COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.06	<b>\$163,283</b>	<b>\$0</b>	<b>\$163,283</b>
Administration	0.71			
Emergency Coordinator/BT Specialist	0.25			
Environmental Scientist				
Epidemiologist/Biostatistician	0.3			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology	0.3			
Microbiologists	1.5			
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$62,088</b>	<b>\$0</b>	<b>\$62,088</b>
<b>TRAVEL</b>		<b>\$5,438</b>	<b>\$0</b>	<b>\$5,438</b>
<b>EQUIPMENT</b>		<b>\$50,406</b>	<b>\$0</b>	<b>\$50,406</b>
Communications		\$4,000		\$4,000
Exercises and drills				\$0
Information Technology		\$2,200		\$2,200
Laboratory				\$0
Surge		\$44,206		\$44,206
<b>SUPPLIES</b>		<b>\$28,360</b>	<b>\$0</b>	<b>\$28,360</b>
Communications		\$6,860		\$6,860
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$4,900		\$4,900
Surge		\$16,600		\$16,600
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$4,500</b>	<b>\$0</b>	<b>\$4,500</b>
Develop policy, procedures, and guidelines for pandemic influenza mitigation measures in schools.		\$3,500		\$3,500
Train LHD staff on Select Agent issues.		\$1,000		\$1,000
				\$0
<b>OTHER</b>		<b>\$157,596</b>	<b>\$0</b>	<b>\$157,596</b>
Communications		\$800		\$800
Supplies				\$0
Information Technology				\$0
Office		\$117,799		\$117,799
Training				\$0
Facilities		\$38,997		\$38,997
<b>INDIRECT COSTS</b>		<b>\$31,978</b>	<b>\$0</b>	<b>\$31,978</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$503,649</b>	<b>\$0</b>	<b>\$503,649</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$503,649</b>	<b>\$0</b>	<b>\$503,649</b>
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**HUMBOLDT COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	5.66	<b>\$219,999</b>	<b>\$183,052</b>	<b>\$36,947</b>
Administration	0.86			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician	0.3			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology	0.5			
Microbiologists	3			
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$77,615</b>	<b>\$77,184</b>	<b>\$431</b>
<b>TRAVEL</b>		<b>\$15,995</b>	<b>\$10,368</b>	<b>\$5,627</b>
<b>EQUIPMENT</b>		<b>\$27,500</b>	<b>\$27,500</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$7,500	\$7,500	\$0
Laboratory		\$20,000	\$20,000	\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$99,634</b>	<b>\$57,094</b>	<b>\$42,540</b>
Communications		\$9,489	\$1,944	\$7,545
Exercises and drills				\$0
Information Technology		\$4,000	\$1,407	\$2,593
Laboratory		\$43,360	\$29,717	\$13,643
Office		\$25,785	\$14,728	\$11,057
Surge		\$17,000	\$9,299	\$7,701
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$5,000</b>	<b>\$1,013</b>	<b>\$3,988</b>
Train LHD on Select Agent issues.		\$5,000	\$1,013	\$3,988
				\$0
<b>OTHER</b>		<b>\$155,851</b>	<b>\$137,619</b>	<b>\$18,232</b>
Communications		\$2,683	\$3,904	-\$1,221
Supplies		\$3,000	\$0	\$3,000
Information Technology		\$3,112	\$2,927	\$185
Office		\$10,100	\$9,614	\$486
Training		\$3,191	\$484	\$2,707
Facilities		\$133,765	\$120,690	\$13,074
<b>INDIRECT COSTS</b>		<b>\$30,861</b>	<b>\$23,693</b>	<b>\$7,168</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$632,455</b>	<b>\$517,523</b>	<b>\$114,932</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$632,455</b>	<b>\$517,523</b>	<b>\$114,932</b>
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**HUMBOLDT COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$50,224</b>	<b>\$0</b>	<b>\$50,224</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$50,224		\$50,224
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$62,999</b>	<b>\$0</b>	<b>\$62,999</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$15,800		\$15,800
Target Capability #3, Equipment & Systems	\$36,829		\$36,829
Target Capability #4, Training	\$10,370		\$10,370
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$49,470</b>	<b>\$0</b>	<b>\$49,470</b>
Target Capability #1, Personnel	\$9,894		\$9,894
Target Capability #2, Planning	\$9,894		\$9,894
Target Capability #3, Equipment & Systems	\$9,894		\$9,894
Target Capability #4, Training	\$9,894		\$9,894
Target Capability #5, Exercise Evaluations & Corrective Actions	\$9,894		\$9,894
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$24,404</b>	<b>\$0</b>	<b>\$24,404</b>
Target Capability #1, Personnel	\$1,484		\$1,484
Target Capability #2, Planning	\$11,388		\$11,388
Target Capability #3, Equipment & Systems	\$7,008		\$7,008
Target Capability #4, Training	\$3,040		\$3,040
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,484		\$1,484
<b>TOTAL</b>	<b>\$187,097</b>	<b>\$0</b>	<b>\$187,097</b>

**HUMBOLDT COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$90,258</b>	<b>\$24,806</b>	<b>\$65,453</b>
Benchmark 2-1, Bed Capacity	\$53,332	\$21,955	\$31,377
Benchmark 2-2, Isolation Capacity	\$6,607		\$6,607
Benchmark 2-5, Pharmaceutical Caches	\$15,573		\$15,573
Benchmark 2-6, Personal Protective Equipment	\$5,070	\$897	\$4,172
Benchmark 2-7, Decontamination	\$9,676	\$1,953	\$7,723
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$39,861</b>	<b>\$0</b>	<b>\$39,861</b>
Benchmark 2-1, Bed Capacity	\$12,168		\$12,168
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$27,507		\$27,507
Benchmark 5, Education and Preparedness Training	\$187		\$187
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$35,914</b>	<b>\$0</b>	<b>\$35,914</b>
Benchmark 2-1, Bed Capacity	\$3,521		\$3,521
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$17,171		\$17,171
Benchmark 6, Terrorism Preparedness Exercises	\$15,221		\$15,221
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$24,802</b>	<b>\$0</b>	<b>\$24,802</b>
Benchmark 2-1, Bed Capacity	\$10,353		\$10,353
Benchmark 2-2, Isolation Capacity	\$1,519		\$1,519
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$1,289		\$1,289
Benchmark 2-7, Decontamination	\$1,980		\$1,980
Benchmark 2-10, Communication and Information Technology	\$4,654		\$4,654
Benchmark 5, Education and Preparedness Training	\$2,724		\$2,724
Benchmark 6, Terrorism Preparedness Exercises	\$2,283		\$2,283
<b>TOTAL</b>	<b>\$190,835</b>	<b>\$24,806</b>	<b>\$166,030</b>

## California Surge Capacity Survey Summary County of Humboldt

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Humboldt County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Humboldt County Data</b>		
LHD	<b>462</b>	<b>462</b>
Hospitals	<b>134</b>	<b>186</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>596</b>	<b>648</b>
Benchmark Minimum Level of Readiness	<b>66</b>	<b>66</b>
Beds above / below BM	<b>530</b>	<b>582</b>
<b>OES Region II Data</b>		
Benchmark Minimum	<b>4,076</b>	<b>4,076</b>

Level of Readiness		
<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
Chemical Poisoning		
<b>Humboldt County Data</b>		
Hospitals	<b>42</b>	<b>39</b>
<b>County Total</b>	<b>42</b>	<b>39</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>+35</b>	<b>+32</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Humboldt County Data</b>		
Hospitals	<b>3</b>	<b>4</b>
<b>County Total</b>	<b>3</b>	<b>4</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>-4</b>	<b>-3</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
Radiation Induced Injury		
<b>Humboldt County Data</b>		
Hospitals	<b>12</b>	<b>5</b>
<b>County Total</b>	<b>12</b>	<b>5</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>+5</b>	<b>-2</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Humboldt County Data</b>			
LHD			0
Hospitals	13	5	4
Clinics	2	1	15
<b>County Total</b>	15	6	19
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Humboldt County Data</b>						
LHD	320	1,280	0	0	0	0
Hospitals	1,844	7,376	93	71	63	92
Clinics	351	1,404	336	302	63	43
County Total	2,515	10,060	429	373	126	135
% of Total Achieved			4.26%	3.71%	1.25%	1.34%
% of Staff Achieved			17.06%	17.83%	5.01%	5.37%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 52 Level C, and 1,020 Level D complete suits available. LHDs, hospitals and clinics report that 2,133 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Humboldt County Data</b>				
LHD	0	0	3	0
Hospitals	0	0	37	1,020
Clinics	0	0	12	0
<b>County Total</b>	0	0	52	1,020
<b>OES Region II Data</b>				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Humboldt County Data</b>				
LHD	0	0	3	Not measured
Hospitals	0	0	47	Not measured
Clinics	0	0	12	Not measured
<b>County Total</b>	0	0	62	Not measured
<b>OES Region II Data</b>				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only # LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly # staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Humboldt County Data</b>	
LHD	240
Hospitals	1,095
Clinics	1,176
<b>County Total</b>	2,511
<b>OES Region II Data</b>	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Humboldt County Data</b>	
LHD	3
Hospitals	38
Clinics	12
<b>County Total</b>	53
<b>OES Region II Data</b>	
<b>Region Total</b>	1,723

Hospitals reported a total of 25 traditional ventilators and 8 transport ventilators. Hospitals indicated that on average throughout the year, 10 or 40% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Humboldt County Data</b>				
Hospitals	25	8	10	40%
<b>OES Region II Data</b>				
<b>Region Total</b>	1,233	1,256	631.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Humboldt County Data</b>				
LHD	0	0	0	0
Hospitals	48	24	144	72
Clinics	24	12	72	36
<b>County Total</b>	72	36	216	108
<b>OES Region II Data</b>				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Humboldt County</b>	131,334	66	108	324
<b>OES Region II</b>	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.



<b>Communication Technology</b>	<b>Number Reported</b>
Phones	4
Dedicated phones	3
Fax	4
HAM radio	3
Satellite phones	0
Email	4
800 MHz radios	0
Fiber optics	2
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Humboldt County</b>			
LHD	320	200	62.5%
Hospitals	1,844	0	0%
Clinics	351	0	0%
<b>County Total</b>	<b>2,515</b>	<b>200</b>	<b>7.95%</b>
<b>OES Region II</b>			
<b>Region Total</b>	<b>147,953.4</b>	<b>16,003</b>	<b>10.82%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 4 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## Humboldt County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Anteroom Containment Unit	7
Blankets	159
Cots	20
Evacuation Chair	13
Generator	2
Generator Recoil	9
Heater	4
Heating/Ventilation System	1
In-Line Heater	5
Light Sled	5
Lighting System	23
Locking Rear Lift Handles for Evacuation Chair	13
Negative Air Machine	7
Portable Hospital Beds	40
Replacement HEPA Filter	96
Replacement Poly Pad	96
Shelter	3
Surge Capacity Shelter	3
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	55
Doxycycline	100
Gentamic	100
Levaquin	50
Sulfamethoxazole/Trimethoprim	50
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger Single Unit	20
Booties (pair)	78
Chemical Resistant Coveralls	50
Coveralls	8
Decontamination Kit	2
Escape Hoods	56
Goggles	24
Personal Safety Suit Kit	60
Powered Air Purifying Respirator (PAPR)	39
Rechargeable Battery Pack W/LED Light	21
N95 Respirators	1,100
Respiratory Filter Cartridge	12
Suits	300
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Decontamination Output Hose	5
Decontamination Shelter	4
Elevation Grid	10
Hand Sprayer	8
Hose	5
Litter Conveyer	3
Transfer Board Conveyer	5
Waste Water Pump	5
Water Bladder	5
Water Resistant Head Lamps	16

**IMPERIAL COUNTY**  
**Public Health Department**

APPENDIX D

As of December 31, 2006

	<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 258,846	\$0	\$258,846
<b>2005/06</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 261,745	\$261,745	\$0
<b>2004/05</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 384,506	\$ 384,506	\$0
<b>2003/04</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 384,988	\$ 384,988	\$0
<b>2002/03</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 297,184	\$ 297,184	\$0
<b>2001/02</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$71,247	\$71,247	\$0
	<b>\$ 1,658,516</b>	<b>\$ 1,399,670</b>	<b>\$258,846</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

	<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 200,486	\$0	\$200,486
<b>2005/06</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 222,125	\$0	\$222,125
<b>2004/05</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 204,839	\$ 204,839	\$0
<b>2003/04</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 214,470	\$ 150,219	\$64,251
	<b>\$ 841,920</b>	<b>\$ 355,058</b>	<b>\$486,862</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 Specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**IMPERIAL COUNTY**

**Proposed CDC Grant Budget/Expenditures  
Grant Period August 31, 2006 through August 30, 2007  
As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	<b>1.3</b>	<b>\$58,675</b>	<b>\$0</b>	<b>\$58,675</b>
Administration				
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician	0.3			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$26,991</b>	<b>\$0</b>	<b>\$26,991</b>
<b>TRAVEL</b>		<b>\$9,783</b>	<b>\$0</b>	<b>\$9,783</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$5,598</b>	<b>\$0</b>	<b>\$5,598</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$1,500		\$1,500
Laboratory				\$0
Office		\$4,098		\$4,098
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$126,930</b>	<b>\$0</b>	<b>\$126,930</b>
Develop automated surveillance system.		\$126,930		\$126,930
				\$0
<b>OTHER</b>		<b>\$30,000</b>	<b>\$0</b>	<b>\$30,000</b>
Communications		\$3,000		\$3,000
Supplies		\$10,000		\$10,000
Information Technology				\$0
Office		\$12,000		\$12,000
Training		\$5,000		\$5,000
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$257,976</b>	<b>\$0</b>	<b>\$257,976</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$257,976</b>	<b>\$0</b>	<b>\$257,976</b>
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**IMPERIAL COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.5	<b>\$166,720</b>		<b>\$166,720</b>
Administration	1			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician	1			
Health Educator	0.5			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$56,685</b>		<b>\$56,685</b>
<b>TRAVEL</b>		<b>\$12,355</b>		<b>\$12,355</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$12,000</b>	<b>\$0</b>	<b>\$12,000</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$12,000		\$12,000
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$13,986</b>	<b>\$0</b>	<b>\$13,986</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training		\$13,986		\$13,986
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$261,745</b>	<b>\$0</b>	<b>\$261,745</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$261,745</b>	<b>\$0</b>	<b>\$261,745</b>
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**IMPERIAL COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

APPLICATION NOT YET RECEIVED

**IMPERIAL COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$27,000</b>	<b>\$0</b>	<b>\$27,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$27,000		\$27,000
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$116,152</b>	<b>\$6,506</b>	<b>\$109,646</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$14,305		\$14,305
Benchmark 2-5, Pharmaceutical Caches	\$29,056	\$6,506	\$22,550
Benchmark 2-6, Personal Protective Equipment	\$22,119		\$22,119
Benchmark 2-7, Decontamination	\$34,875		\$34,875
Benchmark 2-10, Communication and Information Technology	\$6,207		\$6,207
Benchmark 5, Education and Preparedness Training	\$9,590		\$9,590
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$6,250		\$6,250
Benchmark 2-2, Isolation Capacity	\$6,250		\$6,250
Benchmark 2-5, Pharmaceutical Caches	\$6,250		\$6,250
Benchmark 2-6, Personal Protective Equipment	\$6,250		\$6,250
Benchmark 2-7, Decontamination	\$6,250		\$6,250
Benchmark 2-10, Communication and Information Technology	\$6,250		\$6,250
Benchmark 5, Education and Preparedness Training	\$6,250		\$6,250
Benchmark 6, Terrorism Preparedness Exercises	\$6,250		\$6,250
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$28,973</b>	<b>\$0</b>	<b>\$28,973</b>
Benchmark 2-1, Bed Capacity	\$938		\$938
Benchmark 2-2, Isolation Capacity	\$3,083		\$3,083
Benchmark 2-5, Pharmaceutical Caches	\$5,296		\$5,296
Benchmark 2-6, Personal Protective Equipment	\$4,255		\$4,255
Benchmark 2-7, Decontamination	\$6,169		\$6,169
Benchmark 2-10, Communication and Information Technology	\$1,869		\$1,869
Benchmark 5, Education and Preparedness Training	\$6,426		\$6,426
Benchmark 6, Terrorism Preparedness Exercises	\$938		\$938
<b>TOTAL</b>	<b>\$222,125</b>	<b>\$6,506</b>	<b>\$215,619</b>

## California Surge Capacity Survey Summary County of Imperial

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Imperial County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Imperial County Data</b>		
LHD	<b>190</b>	<b>235</b>
Hospitals	<b>135</b>	<b>162</b>
Clinics	<b>10</b>	<b>15</b>
<b>County Total</b>	<b>335</b>	<b>412</b>
Benchmark Minimum Level of Readiness	<b>81</b>	<b>81</b>
Beds above / below BM	<b>+254</b>	<b>+331</b>
<b>OES Region VI Data</b>		
Benchmark Minimum	<b>3,534</b>	<b>3,534</b>

Level of Readiness		
<b>Region Total</b>	<b>4,800</b>	<b>6,900</b>
Beds above / below BM	<b>+1,266</b>	<b>+3,366</b>
Chemical Poisoning		
<b>Imperial County Data</b>		
Hospitals	<b>17</b>	<b>20</b>
<b>County Total</b>	<b>17</b>	<b>20</b>
Benchmark Minimum Level of Readiness	<b>8</b>	<b>8</b>
Beds above / below BM	<b>+9</b>	<b>+12</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>566</b>	<b>609</b>
Beds above / below BM	<b>+213</b>	<b>+256</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Imperial County Data</b>		
Hospitals	<b>12</b>	<b>120</b>
<b>County Total</b>	<b>12</b>	<b>120</b>
Benchmark Minimum Level of Readiness	<b>8</b>	<b>8</b>
Beds above / below BM	<b>4</b>	<b>112</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>408</b>	<b>2,512</b>
Beds above / below BM	<b>+55</b>	<b>+2,159</b>
Radiation Induced Injury		
<b>Imperial County Data</b>		
Hospitals	<b>26</b>	<b>80</b>
<b>County Total</b>	<b>26</b>	<b>80</b>
Benchmark Minimum Level of Readiness	<b>8</b>	<b>8</b>
Beds above / below BM	<b>+18</b>	<b>+72</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>895</b>	<b>2,745</b>
Beds above / below BM	<b>+542</b>	<b>+2,392</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Imperial County Data</b>			
LHD			0
Hospitals	33	28	7
Clinics	0	0	0
<b>County Total</b>	33	28	7
<b>OES Region VI Data</b>			
<b>Region Total</b>	604	217	365

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Imperial County Data</b>						
LHD	168	672	0	0	0	0
Hospitals	950	3,800	230	203	40	200
Clinics	125	500	0	0	0	0
County Total	1,243	4,972	230	203	40	200
% of Total Achieved			4.63%	4.08%	0.80%	4.02%
% of Staff Achieved			18.50%	16.33%	3.22%	16.09%
<b>OES Region VI Data</b>						
Region Total	112,727	563,635	20,233	15,249	10,877	8,235
% of Total Achieved			3.59%	2.71%	1.93%	1.46%
% of Staff Achieved			17.95%	13.53%	9.65%	7.31%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 42 Level C, and 200 Level D complete suits available. LHDs, hospitals and clinics report that 900 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Imperial County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	42	200
Clinics	0	0	0	0
<b>County Total</b>	0	0	42	200
<b>OES Region VI Data</b>				
<b>Regional Total</b>	171	181	1,685	37,788

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Imperial County Data</b>				
LHD	3	3	3	Not measured
Hospitals	0	0	12	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	3	3	15	Not measured
<b>OES Region VI Data</b>				
<b>Regional Total</b>	241	305	2,204	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 45 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 0 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Imperial County Data</b>	
LHD	40
Hospitals	200
Clinics	0
<b>County Total</b>	240
<b>OES Region VI Data</b>	
<b>Region Total</b>	96,957

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Imperial County Data</b>	
LHD	0
Hospitals	0
Clinics	0
<b>County Total</b>	0
<b>OES Region VI Data</b>	
<b>Region Total</b>	1,905

Hospitals reported a total of 30 traditional ventilators and 3 transport ventilators. Hospitals indicated that on average throughout the year, 11 or 36.67% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Imperial County Data</b>				
Hospitals	30	11	3	36.67%
<b>OES Region VI Data</b>				
<b>Region Total</b>	1,068	933	600	56.18%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Imperial County Data				
LHD	0	0	0	0
Hospitals	45	19	135	57
Clinics	0	0	0	0
<b>County Total</b>	45	19	135	57
OES Region VI Data				
<b>Region Total</b>	2,568	843	7,839	2,529

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Imperial County	161,800	81	64	192
OES Region VI	7,068,437	3,535	3,456	10,368

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.



<b>Communication Technology</b>	<b>Number Reported</b>
Phones	2
Dedicated phones	2
Fax	2
HAM radio	1
Satellite phones	2
Email	1
800 MHz radios	2
Fiber optics	0
Microwave radio	1
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Imperial County</b>			
LHD	168	0	0%
Hospitals	950	0	0%
Clinics	125	1	0.8%
<b>County Total</b>	<b>1,243</b>	<b>1</b>	<b>0.08%</b>
<b>OES Region VI</b>			
<b>Region Total</b>	<b>112,727</b>	<b>35,028</b>	<b>31.07%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 2 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## Imperial County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Anteroom Containment Unit	3
Chemical Tape	15
Command/Logistics Shelter	3
Fluorescent Lighting	30
Generator Recoil	2
Handheld Digital Manometer	3
Inline Heater System	3
Negative Air Machine	3
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	440
Doxycycline	3,000
Gentamic	581
Levaquin	800
Sulfamethoxazole/Trimethoprim	800
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Coverall (each)	684
Gloves (pair)	300
Overshoe Boot (pair)	1,200
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Decontamination Kit	500
Decontamination Shelter	2
Hospital Decontamination Table Top	4
Powered Air Purifying Respirator (PAPR)	46
Radiation Detectors	5
Replacement Filter for PAPR	20
Full Mask Respirator	48
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
Satellite Phones	6
<b>BM 5 Surge Capacity: Education and Preparedness Training</b>	
Evacuation Chair	4

**INYO COUNTY**  
**Health & Human Services**

APPENDIX D

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 117,655	\$0	\$117,655
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 118,586	\$118,586	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 125,882	\$ 125,882	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 131,589	\$ 131,589	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 134,569	\$ 134,569	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$43,758	\$43,758	\$0
		<b>\$ 672,039</b>	<b>\$ 554,384</b>	<b>\$117,655</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 142,278	\$0	\$142,278
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 145,010	\$110,787	\$34,223
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 118,506	\$ 118,506	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	Not Funded for Year 2		
		<b>\$ 405,794</b>	<b>\$ 229,293</b>	<b>\$176,501</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**INYO COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	2.04	<b>\$63,817</b>	<b>\$0</b>	<b>\$63,817</b>
Administration	0.25			
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.59			
Health Program Manager/Specialist				
Information Technology	0.45			
Microbiologists				
Pharmacist				
Public Health Nurse	0.25			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$26,622</b>	<b>\$0</b>	<b>\$26,622</b>
<b>TRAVEL</b>		<b>\$1,690</b>	<b>\$0</b>	<b>\$1,690</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$5,000</b>	<b>\$0</b>	<b>\$5,000</b>
Facilitate full-scale drill.		\$5,000		\$5,000
				\$0
<b>OTHER</b>		<b>\$17,427</b>	<b>\$0</b>	<b>\$17,427</b>
Communications		\$768		\$768
Supplies				\$0
Information Technology		\$0		\$0
Office		\$2,659		\$2,659
Training		\$14,000		\$14,000
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$114,556</b>	<b>\$0</b>	<b>\$114,556</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$114,556</b>	<b>\$0</b>	<b>\$114,556</b>

**INYO COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.85	<b>\$41,004</b>	<b>\$44,688</b>	<b>-\$3,684</b>
Administration	0.6			
Emergency Coordinator/BT Specialist	0.25			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$20,381</b>	<b>\$20,387</b>	<b>-\$6</b>
<b>TRAVEL</b>		<b>\$750</b>	<b>\$1,788</b>	<b>-\$1,038</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$27,898</b>	<b>\$14,925</b>	<b>\$12,973</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$1,949	\$1,634	\$315
Surge		\$25,949	\$13,291	\$12,658
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$13,250</b>	<b>\$0</b>	<b>\$13,250</b>
Function in absence of Health Officer at 15% FTE.		\$2,000		\$2,000
Provide Epidemiologist.		\$1,250		\$1,250
Conduct a functional exercise.		\$10,000		\$10,000
				\$0
<b>OTHER</b>		<b>\$15,303</b>	<b>\$10,034</b>	<b>\$5,269</b>
Communications		\$1,008	\$1,026	-\$18
Supplies		\$500	\$372	\$128
Information Technology		\$1,344	\$957	\$387
Office		\$2,750	\$2,827	-\$77
Training		\$8,250	\$3,401	\$4,849
Facilities		\$1,451	\$1,451	\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$118,586</b>	<b>\$91,822</b>	<b>\$26,764</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
FRINGE BENEFITS				\$0
TRAVEL				\$0
EQUIPMENT		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
SUPPLIES		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
CONTRACTUAL <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
OTHER		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
INDIRECT COSTS				\$0
TOTAL CRI FUNDING		\$0	\$0	\$0

TOTAL CDC GRANT FUNDING	\$118,586	\$91,822	\$26,764
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**INYO COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$14,083</b>	<b>\$0</b>	<b>\$14,083</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$10,173		\$10,173
Target Capability #3, Equipment & Systems	\$3,910		\$3,910
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$44,850</b>	<b>\$0</b>	<b>\$44,850</b>
Target Capability #1, Personnel	\$5,000		\$5,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$5,000		\$5,000
Target Capability #4, Training	\$19,850		\$19,850
Target Capability #5, Exercise Evaluations & Corrective Actions	\$15,000		\$15,000
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$60,000</b>	<b>\$0</b>	<b>\$60,000</b>
Target Capability #1, Personnel	\$10,000		\$10,000
Target Capability #2, Planning	\$10,000		\$10,000
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$20,000		\$20,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$10,000		\$10,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$17,840</b>	<b>\$0</b>	<b>\$17,840</b>
Target Capability #1, Personnel	\$2,250		\$2,250
Target Capability #2, Planning	\$3,026		\$3,026
Target Capability #3, Equipment & Systems	\$2,837		\$2,837
Target Capability #4, Training	\$5,978		\$5,978
Target Capability #5, Exercise Evaluations & Corrective Actions	\$3,750		\$3,750
<b>TOTAL</b>	<b>\$136,773</b>	<b>\$0</b>	<b>\$136,773</b>

**INYO COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$49,435</b>	<b>\$37,606</b>	<b>\$11,829</b>
Benchmark 2-1, Bed Capacity	\$16,511	\$15,278	\$1,233
Benchmark 2-2, Isolation Capacity	\$9,500	\$10,541	-\$1,041
Benchmark 2-5, Pharmaceutical Caches	\$14,502	\$3,253	\$11,249
Benchmark 2-6, Personal Protective Equipment	\$933	\$1,175	-\$242
Benchmark 2-7, Decontamination	\$1,543	\$2,015	-\$472
Benchmark 2-10, Communication and Information Technology	\$3,104	\$1,713	\$1,391
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$3,342	\$3,631	-\$289
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$83,030</b>	<b>\$60,000</b>	<b>\$23,030</b>
Benchmark 2-1, Bed Capacity	\$5,000	\$5,000	\$0
Benchmark 2-2, Isolation Capacity	\$5,000	\$5,000	\$0
Benchmark 2-5, Pharmaceutical Caches	\$5,000	\$5,000	\$0
Benchmark 2-6, Personal Protective Equipment	\$5,000	\$5,000	\$0
Benchmark 2-7, Decontamination	\$5,000	\$5,000	\$0
Benchmark 2-10, Communication and Information Technology	\$5,000	\$5,000	\$0
Benchmark 5, Education and Preparedness Training	\$33,030	\$10,000	\$23,030
Benchmark 6, Terrorism Preparedness Exercises	\$20,000	\$20,000	\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$12,545</b>	<b>\$7,141</b>	<b>\$5,404</b>
Benchmark 2-1, Bed Capacity	\$2,477	\$2,292	\$185
Benchmark 2-2, Isolation Capacity	\$1,425	\$1,581	-\$156
Benchmark 2-5, Pharmaceutical Caches	\$2,175	\$488	\$1,687
Benchmark 2-6, Personal Protective Equipment	\$140	\$176	-\$36
Benchmark 2-7, Decontamination	\$231	\$302	-\$71
Benchmark 2-10, Communication and Information Technology	\$466	\$257	\$209
Benchmark 5, Education and Preparedness Training	\$3,630	\$0	\$3,630
Benchmark 6, Terrorism Preparedness Exercises	\$2,001	\$2,045	-\$44
<b>TOTAL</b>	<b>\$145,010</b>	<b>\$104,747</b>	<b>\$40,263</b>

## California Surge Capacity Survey Summary County of Inyo

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Inyo County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Inyo County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>14</b>	<b>12</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>14</b>	<b>12</b>
Benchmark Minimum Level of Readiness	<b>9</b>	<b>9</b>
Beds above / below BM	<b>+5</b>	<b>+3</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>3,534</b>	<b>3,534</b>

<b>Region Total</b>	<b>4,800</b>	<b>6,900</b>
Beds above / below BM	<b>+1,266</b>	<b>+3,366</b>
<b>Chemical Poisoning</b>		
<b>Inyo County Data</b>		
Hospitals	<b>3</b>	<b>3</b>
<b>County Total</b>	<b>3</b>	<b>3</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+2</b>	<b>+2</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>566</b>	<b>609</b>
Beds above / below BM	<b>+213</b>	<b>+256</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Inyo County Data</b>		
Hospitals	<b>3</b>	<b>3</b>
<b>County Total</b>	<b>3</b>	<b>3</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+2</b>	<b>+2</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>408</b>	<b>2,512</b>
Beds above / below BM	<b>+55</b>	<b>+2,159</b>
<b>Radiation Induced Injury</b>		
<b>Inyo County Data</b>		
Hospitals	<b>7</b>	<b>11</b>
<b>County Total</b>	<b>7</b>	<b>11</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+6</b>	<b>+10</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>895</b>	<b>2,745</b>
Beds above / below BM	<b>+542</b>	<b>+2,392</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
Inyo County Data			
LHD			0
Hospitals	1	2	1
Clinics	0	0	0
<b>County Total</b>	1	2	1
OES Region VI Data			
<b>Region Total</b>	604	217	365

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Inyo County Data</b>						
LHD	13	52	22	100	100	0
Hospitals	93	372	11	25	0	33
Clinics	0	0	0	0	0	0
County Total	106	424	33	125	100	33
% of Total Achieved			2.64%	7.14%	6.47%	2.85%
% of Staff Achieved			10.56%	28.57%	25.88%	11.39%
<b>OES Region VI Data</b>						
Region Total	112,727	563,635	20,233	15,249	10,877	8,235
% of Total Achieved			3.59%	2.71%	1.93%	1.46%
% of Staff Achieved			17.95%	13.53%	9.65%	7.31%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 6 Level C, and 100 Level D complete suits available. LHDs, hospitals and clinics report that 117 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Inyo County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	6	100
Clinics	0	0	0	0
<b>County Total</b>	0	0	6	100
<b>OES Region VI Data</b>				
<b>Regional Total</b>	171	181	1,685	37,788

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Inyo County Data</b>				
LHD	0	0	0	Not measured
Hospitals	0	0	0	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	0	Not measured
<b>OES Region VI Data</b>				
<b>Regional Total</b>	241	305	2,204	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 0 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 0 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Inyo County Data</b>	
LHD	2,000
Hospitals	960
Clinics	0
<b>County Total</b>	2,960
<b>OES Region VI Data</b>	
<b>Region Total</b>	96,957

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Inyo County Data</b>	
LHD	0
Hospitals	100
Clinics	0
<b>County Total</b>	100
<b>OES Region VI Data</b>	
<b>Region Total</b>	1,905

Hospitals reported a total of 3 traditional ventilators and 4 transport ventilators. Hospitals indicated that on average throughout the year, 0 or 0% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Inyo County Data</b>				
Hospitals	0	1	0	0%
<b>OES Region VI Data</b>				
<b>Region Total</b>	1,068	933	600	56.18%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Inyo County Data				
LHD	20	10	60	30
Hospitals	6	3	18	9
Clinics	0	0	0	0
<b>County Total</b>	26	13	78	39
OES Region VI Data				
<b>Region Total</b>	2,568	843	7,839	2,529

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Inyo County	18,592	9	39	117
OES Region VI	7,068,437	3,535	3,456	10,368

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS included a matrix asking LHDs, hospitals and clinics to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All entities surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.



<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	0
Fax	1
HAM radio	1
Satellite phones	1
Email	1
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Inyo County</b>			
LHD	13	0	0%
Hospitals	470	344	73.19%
Clinics	0	0	0%
<b>County Total</b>	<b>483</b>	<b>344</b>	<b>71.22%</b>
<b>OES Region VI</b>			
<b>Region Total</b>	<b>112,727</b>	<b>35,028</b>	<b>31.07%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 1 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## Inyo County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Air Purification System	2
Blower w Inline Heater	1
Cots	90
Dust Containment Unit Bundle	1
Evacuation Chair	6
Evacuation Chair Cover	6
Extension Cord	9
Fluorescent lights	2
Generator	7
Gurney	4
Hospital Response Kit	2
Negative Pressure Isolation Kit	7
Potable Adjustable Hospital Bed	9
Replacement Modular HEPA Filter	1
Replacement Pre Filter	25
Roller Storage Bag for Shelter	4
Shelter	4
Side Wall for Shelter	2
Tripod Light Stand	2
Wall Storage Bracket for Evacuation Chair	6
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	110
Doxycycline	200
Gentamic	100
Levaquin	100
Sulfamethoxazole/Trimethoprim	100
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger for PAPR	12
Coveralls (each)	30
Personal Protective Equipment containers	20
Personal Safety Suits	200
Powered Air Purifying Respirator (PAPR)	12
Rechargeable Battery	12
Respirator Filter Cartridges	36
N95 Respirators	420
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Decontamination System	1
Decontamination Kit	170
Personal Safety Suits	30
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	4
Satellite Phone	5
Satellite Phone Docking Unit	2

# KERN COUNTY

## Public Health Services

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 843,637	\$0	\$843,637
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 852,816	\$852,816	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,209,582	\$ 1,209,582	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 1,084,551	\$ 1,084,551	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 692,076	\$ 692,076	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$182,009	\$182,009	\$0
		<b>\$ 4,864,671</b>	<b>\$ 4,021,034</b>	<b>\$843,637</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 441,573	\$0	\$441,573
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 1,007,513	\$131,864	\$875,649
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 748,354	\$ 748,354	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 634,811	\$ 619,679	\$15,132
		<b>\$ 2,832,251</b>	<b>\$ 1,499,897</b>	<b>\$1,332,354</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**KERN COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	4.31	<b>\$260,190</b>	<b>\$0</b>	<b>\$260,190</b>
Administration	0.58			
Emergency Coordinator/BT Specialist	1.7			
Environmental Scientist				
Epidemiologist/Biostatistician	0.08			
Health Educator	0.5			
Health Officer/Public Health Medical Officer	0.25			
Health Program Manager/Specialist	0.5			
Information Technology	0.1			
Microbiologists				
Pharmacist				
Public Health Nurse	0.6			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$183,537</b>	<b>\$0</b>	<b>\$183,537</b>
<b>TRAVEL</b>		<b>\$10,046</b>	<b>\$0</b>	<b>\$10,046</b>
<b>EQUIPMENT</b>		<b>\$38,700</b>	<b>\$0</b>	<b>\$38,700</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$38,700		\$38,700
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$29,283</b>	<b>\$0</b>	<b>\$29,283</b>
Communications		\$508		\$508
Exercises and drills		\$5,300		\$5,300
Information Technology				\$0
Laboratory				\$0
Office		\$21,975		\$21,975
Surge		\$1,500		\$1,500
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$119,745</b>	<b>\$0</b>	<b>\$119,745</b>
Provide consultation on public health emergency preparedness.		\$20,000		\$20,000
Train schools and community groups on preparedness.		\$20,000		\$20,000
Operate 211 system.		\$20,000		\$20,000
Hire Public Health Nurse and Epidemiologist.		\$22,000		\$22,000
Develop continuity of government plan.		\$6,912		\$6,912
Provide trainers for emergency preparedness.		\$9,016		\$9,016
Provide epidemiology services.		\$21,817		\$21,817
				\$0
<b>OTHER</b>		<b>\$157,764</b>	<b>\$0</b>	<b>\$157,764</b>
Communications		\$5,000		\$5,000
Supplies				\$0
Information Technology		\$18,525		\$18,525
Office		\$101,245		\$101,245
Training		\$32,994		\$32,994
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$44,373</b>	<b>\$0</b>	<b>\$44,373</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$843,638</b>	<b>\$0</b>	<b>\$843,638</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$843,638</b>	<b>\$0</b>	<b>\$843,638</b>

**KERN COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	6.74	<b>\$435,887</b>	<b>\$131,071</b>	<b>\$304,816</b>
Administration	1.5			
Emergency Coordinator/BT Specialist	2.17			
Environmental Scientist				
Epidemiologist/Biostatistician	0.85			
Health Educator	0.7			
Health Officer/Public Health Medical Officer	0.17			
Health Program Manager/Specialist				
Information Technology	0.2			
Microbiologists				
Pharmacist				
Public Health Nurse	1.15			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$224,564</b>	<b>\$66,546</b>	<b>\$158,018</b>
<b>TRAVEL</b>		<b>\$12,617</b>	<b>\$3,617</b>	<b>\$9,000</b>
<b>EQUIPMENT</b>		<b>\$21,400</b>	<b>\$12,407</b>	<b>\$8,993</b>
Communications		\$700	\$426	\$274
Exercises and drills				\$0
Information Technology		\$20,200	\$11,981	\$8,219
Laboratory				\$0
Surge		\$500		\$500
<b>SUPPLIES</b>		<b>\$15,402</b>	<b>\$8,800</b>	<b>\$6,602</b>
Communications		\$1,500	\$33	\$1,467
Exercises and drills		\$4,666	\$2,138	\$2,528
Information Technology				\$0
Laboratory		\$0	\$359	-\$359
Office		\$8,056	\$4,363	\$3,693
Surge		\$1,180	\$1,907	-\$727
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$14,000</b>	<b>\$2,228</b>	<b>\$11,772</b>
Plan public health emergency preparedness.		\$5,000	\$2,228	\$2,772
Upgrade 211 system.		\$4,000		\$4,000
Provide trainers for public health emergency preparedness.		\$5,000		\$5,000
				\$0
<b>OTHER</b>		<b>\$62,901</b>	<b>\$18,599</b>	<b>\$44,302</b>
Communications		\$15,100	\$5,178	\$9,922
Supplies				\$0
Information Technology		\$12,200	\$7,567	\$4,633
Office		\$33,325	\$4,385	\$28,940
Training		\$276	\$276	\$0
Facilities		\$2,000	\$1,193	\$807
<b>INDIRECT COSTS</b>		<b>\$66,045</b>	<b>\$19,251</b>	<b>\$46,794</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$852,816</b>	<b>\$262,519</b>	<b>\$590,297</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$852,816</b>	<b>\$262,519</b>	<b>\$590,297</b>



**KERN COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$176,058</b>	<b>\$0</b>	<b>\$176,058</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$106,802		\$106,802
Target Capability #5, Exercise Evaluations & Corrective Actions	\$69,256		\$69,256
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$39,376</b>	<b>\$0</b>	<b>\$39,376</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$39,376		\$39,376
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$108,733</b>	<b>\$0</b>	<b>\$108,733</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$108,733		\$108,733
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$59,810</b>	<b>\$0</b>	<b>\$59,810</b>
Target Capability #1, Personnel	\$59,810		\$59,810
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$57,596</b>	<b>\$0</b>	<b>\$57,596</b>
Target Capability #1, Personnel	\$8,971		\$8,971
Target Capability #2, Planning	\$5,906		\$5,906
Target Capability #3, Equipment & Systems	\$16,310		\$16,310
Target Capability #4, Training	\$16,020		\$16,020
Target Capability #5, Exercise Evaluations & Corrective Actions	\$10,388		\$10,388
<b>TOTAL</b>	<b>\$441,573</b>	<b>\$0</b>	<b>\$441,573</b>

**KERN COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$48,770</b>	<b>\$0</b>	<b>\$48,770</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$32,770		\$32,770
Benchmark 5, Education and Preparedness Training	\$16,000		\$16,000
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$82,638</b>	<b>\$19,611</b>	<b>\$63,027</b>
Benchmark 2-1, Bed Capacity	\$18,000		\$18,000
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$64,638	\$19,611	\$45,027
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$244,289</b>	<b>\$0</b>	<b>\$244,289</b>
Benchmark 2-1, Bed Capacity	\$125,480		\$125,480
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$74,956		\$74,956
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$8,908		\$8,908
Benchmark 2-10, Communication and Information Technology	\$34,945		\$34,945
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$564,870</b>	<b>\$0</b>	<b>\$564,870</b>
Benchmark 2-1, Bed Capacity	\$70,609		\$70,609
Benchmark 2-2, Isolation Capacity	\$70,609		\$70,609
Benchmark 2-5, Pharmaceutical Caches	\$70,609		\$70,609
Benchmark 2-6, Personal Protective Equipment	\$70,609		\$70,609
Benchmark 2-7, Decontamination	\$70,609		\$70,609
Benchmark 2-10, Communication and Information Technology	\$70,609		\$70,609
Benchmark 5, Education and Preparedness Training	\$70,609		\$70,609
Benchmark 6, Terrorism Preparedness Exercises	\$70,609		\$70,609
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$66,946</b>	<b>\$0</b>	<b>\$66,946</b>
Benchmark 2-1, Bed Capacity	\$32,113		\$32,113
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$11,243		\$11,243
Benchmark 2-6, Personal Protective Equipment	\$9,696		\$9,696
Benchmark 2-7, Decontamination	\$1,336		\$1,336
Benchmark 2-10, Communication and Information Technology	\$10,157		\$10,157
Benchmark 5, Education and Preparedness Training	\$2,400		\$2,400
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>TOTAL</b>	<b>\$1,007,513</b>	<b>\$19,611</b>	<b>\$987,902</b>

## California Surge Capacity Survey Summary County of Kern

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Kern County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Kern County Data</b>		
LHD	419	0
Hospitals	419	689
Clinics	82	172
<b>County Total</b>	<b>920</b>	<b>861</b>
Benchmark Minimum Level of Readiness	377	377
Beds above / below BM	+543	+484
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	1,295	1,295

<b>Region Total</b>	<b>1,788</b>	<b>2,061</b>
Beds above / below BM	<b>+493</b>	<b>+766</b>
<b>Chemical Poisoning</b>		
<b>Kern County Data</b>		
Hospitals	<b>66</b>	<b>133</b>
<b>County Total</b>	<b>66</b>	<b>133</b>
Benchmark Minimum Level of Readiness	<b>38</b>	<b>38</b>
Beds above / below BM	<b>+28</b>	<b>+95</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>177</b>	<b>255</b>
Beds above / below BM	<b>+47</b>	<b>+125</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Kern County Data</b>		
Hospitals	<b>52</b>	<b>525</b>
<b>County Total</b>	<b>52</b>	<b>525</b>
Benchmark Minimum Level of Readiness	<b>38</b>	<b>38</b>
Beds above / below BM	<b>+14</b>	<b>+487</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>127</b>	<b>939</b>
Beds above / below BM	<b>-3</b>	<b>+809</b>
<b>Radiation Induced Injury</b>		
<b>Kern County Data</b>		
Hospitals	<b>51</b>	<b>307</b>
<b>County Total</b>	<b>51</b>	<b>307</b>
Benchmark Minimum Level of Readiness	<b>38</b>	<b>38</b>
Beds above / below BM	<b>+13</b>	<b>+269</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>111</b>	<b>634</b>
Beds above / below BM	<b>-19</b>	<b>+504</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Kern County Data</b>			
LHD			0
Hospitals	76	13	21
Clinics	0	0	0
<b>County Total</b>	76	13	21
<b>OES Region V Data</b>			
<b>Region Total</b>	210	105	70

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Kern County Data</b>						
LHD	388	1,552	0	0	0	0
Hospitals	9,588	38,352	324	3,536	231	1,014
Clinics	500	2,000	1,322	250	167	67
County Total	10,476	41,904	1,646	3,786	398	1,081
% of Total Achieved			3.93%	9.03%	.95%	2.58%
% of Staff Achieved			15.71%	36.14%	3.8%	10.32%
<b>OES Region V Data</b>						
Region Total	33,180	132,720	8,946	10,274	1,255	7,489
% of Total Achieved			6.74%	7.74%	.95%	5.64%
% of Staff Achieved			26.96%	30.96%	3.78%	22.57%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 2 Level A, 2 Level B, 266 Level C, and 1,192 Level D complete suits available. LHDs, hospitals and clinics report that 5,633 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Kern County Data</b>				
LHD	0	0	0	0
Hospitals	2	2	181	1,192
Clinics	0	0	85	0
<b>County Total</b>	2	2	266	1,192
<b>OES Region V Data</b>				
<b>Regional Total</b>	2	86	631	5,844

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Kern County Data</b>				
LHD	0	0	300	Not measured
Hospitals	2	2	94	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	2	2	394	Not measured
<b>OES Region V Data</b>				
<b>Regional Total</b>	7	16	621	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 394 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1.38 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Kern County Data</b>	
LHD	21,000
Hospitals	3,980
Clinics	20
<b>County Total</b>	25,000
<b>OES Region V Data</b>	
<b>Region Total</b>	39,578

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Kern County Data</b>	
LHD	0
Hospitals	181
Clinics	105
<b>County Total</b>	286
<b>OES Region V Data</b>	
<b>Region Total</b>	659

Hospitals reported a total of 173 traditional ventilators and 86 transport ventilators. Hospitals indicated that on average throughout the year, 80 or 46.24% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Kern County Data</b>				
Hospitals	173	86	80	46.24%
<b>OES Region V Data</b>				
<b>Region Total</b>	467	109	241	51.61%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Kern County Data</b>				
LHD	0	0	0	0
Hospitals	137	61	411	183
Clinics	0	0	0	0
<b>County Total</b>	137	61	411	183
<b>OES Region V Data</b>				
<b>Region Total</b>	582	247	1,746	741

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Kern County</b>	753,070	377	198	594
<b>OES Region V</b>	2,590,370	1,296	829	2,487

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.



<b>Communication Technology</b>	<b>Number Reported</b>
Phones	12
Dedicated phones	3
Fax	12
HAM radio	3
Satellite phones	0
Email	12
800 MHz radios	4
Fiber optics	2
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Kern County</b>			
LHD	388	296	76.29%
Hospitals	9,588	1,831	19.10%
Clinics	500	0	0%
<b>County Total</b>	<b>10,476</b>	<b>2,127</b>	<b>20.30%</b>
<b>OES Region V</b>			
<b>Region Total</b>	<b>33,180</b>	<b>6,848</b>	<b>20.64%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 7 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

## Kern County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Blower w Inline Heater	26
Cots	476
Coveralls (each)	124
Fluorescent Lighting	26
Generator	13
Generator Wheel Kit	13
Hospital Response Kit	10
Shelter	26
Supply Trailer	1
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger (single linkable unit)	37
Battery Pack (rechargeable)	74
Coveralls (each)	142
Full Mask Respirator - Escape Mask (ambulance)	210
Personal Safety Suit Kit	230
Powered Air Purifying Respirator (PAPR)	40
Replacement Cartridge for PAPR	274
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Decontamination Shelter	6
Flash Water Heater	7
Hand Sprayer	24
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
Satellite Phone	10

# KINGS COUNTY

## Public Health Services

APPENDIX D

As of December 31, 2006

	<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 240,866	\$0	\$240,866
<b>2005/06</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 244,683	\$183,512	\$61,171
<b>2004/05</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 363,241	\$ 363,241	\$0
<b>2003/04</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 366,232	\$ 366,232	\$0
<b>2002/03</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 229,804	\$ 229,804	\$0
<b>2001/02</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$68,182	\$68,182	\$0
	<b>\$ 1,513,008</b>	<b>\$ 1,210,971</b>	<b>\$302,037</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

	<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 193,073	\$0	\$193,073
<b>2005/06</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 212,936	\$0	\$212,936
<b>2004/05</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 241,422	\$ 233,044	\$8,378
<b>2003/04</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 197,965	\$ 118,678	\$79,287
	<b>\$ 845,396</b>	<b>\$ 351,722</b>	<b>\$493,674</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**KINGS COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			\$0
Administration				
Emergency Coordinator/BT Specialist				
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

APPLICATION NOT YET RECEIVED

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

APPLICATION NOT YET RECEIVED

**KINGS COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	<b>2.7</b>	<b>\$120,916</b>		<b>\$120,916</b>
Administration	1			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.2			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.5			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$41,111</b>		<b>\$41,111</b>
<b>TRAVEL</b>		<b>\$12,806</b>		<b>\$12,806</b>
<b>EQUIPMENT</b>		<b>\$16,350</b>	<b>\$0</b>	<b>\$16,350</b>
Communications		\$6,000		\$6,000
Exercises and drills				\$0
Information Technology		\$10,350		\$10,350
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$9,250</b>	<b>\$0</b>	<b>\$9,250</b>
Communications				\$0
Exercises and drills		\$1,500		\$1,500
Information Technology				\$0
Laboratory				\$0
Office		\$7,750		\$7,750
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$19,782</b>	<b>\$0</b>	<b>\$19,782</b>
Develop website.		\$4,782		\$4,782
Purchase short wave radio system.		\$15,000		\$15,000
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$24,468</b>		<b>\$24,468</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$244,683</b>	<b>\$0</b>	<b>\$244,683</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$244,683</b>	<b>\$0</b>	<b>\$244,683</b>



**KINGS COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

APPLICATION NOT YET RECEIVED

**KINGS COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity			\$0
Benchmark 2-2, Isolation Capacity			\$0
Benchmark 2-5, Pharmaceutical Caches			\$0
Benchmark 2-6, Personal Protective Equipment			\$0
Benchmark 2-7, Decontamination			\$0
Benchmark 2-10, Communication and Information Technology			\$0
Benchmark 5, Education and Preparedness Training			\$0
Benchmark 6, Terrorism Preparedness Exercises			\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

APPLICATION NOT YET RECEIVED

## California Surge Capacity Survey Summary County of Kings

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Kings County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Kings County Data</b>		
LHD	149	14
Hospitals	31	42
Clinics	0	0
<b>County Total</b>	<b>180</b>	<b>56</b>
Benchmark Minimum Level of Readiness	72	72
Beds above / below BM	+108	-16
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	1,295	1,295

<b>Region Total</b>	<b>1,788</b>	<b>2,061</b>
Beds above / below BM	<b>+490</b>	<b>+766</b>
<b>Chemical Poisoning</b>		
<b>Kings County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>-7</b>	<b>-7</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>177</b>	<b>255</b>
Beds above / below BM	<b>+47</b>	<b>+125</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Kings County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>-7</b>	<b>-7</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>127</b>	<b>939</b>
Beds above / below BM	<b>-3</b>	<b>+809</b>
<b>Radiation Induced Injury</b>		
<b>Kings County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>-7</b>	<b>-7</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>111</b>	<b>634</b>
Beds above / below BM	<b>-19</b>	<b>+504</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Kings County Data</b>			
LHD			1
Hospitals	6	0	0
Clinics	0	0	0
<b>County Total</b>	6	0	1
<b>OES Region V Data</b>			
<b>Region Total</b>	210	105	70

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Kings County Data</b>						
LHD	111	444	0	0	0	0
Hospitals	1,820	7,280	22	17	17	33
Clinics	0	0	0	0	0	0
County Total	1,931	7,724	22	17	17	33
% of Total Achieved			.28%	.22%	.22%	.43%
% of Staff Achieved			1.14%	.88%	.88%	1.71%
<b>OES Region V Data</b>						
Region Total	33,180	132,720	8,946	10,274	1,255	7,489
% of Total Achieved			6.74%	7.74%	.95%	5.64%
% of Staff Achieved			26.96%	30.96%	3.78%	22.57%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 0 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 1931 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Kings County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	0	0
Clinics	0	0	0	0
<b>County Total</b>	0	0	0	0
<b>OES Region V Data</b>				
<b>Regional Total</b>	2	86	631	5,844

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Kings County Data</b>				
LHD	0	0	0	Not measured
Hospitals	0	0	0	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	0	Not measured
<b>OES Region V Data</b>				
<b>Regional Total</b>	7	16	621	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 0 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 0 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Kings County Data</b>	
LHD	0
Hospitals	0
Clinics	0
<b>County Total</b>	0
<b>OES Region V Data</b>	
<b>Region Total</b>	39,578

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Kings County Data</b>	
LHD	0
Hospitals	0
Clinics	0
<b>County Total</b>	0
<b>OES Region V Data</b>	
<b>Region Total</b>	659

Hospitals reported a total of 7 traditional ventilators and 2 transport ventilators. Hospitals indicated that on average throughout the year, 4 or 57.14% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Kings County Data</b>				
Hospitals	7	2	4	57.14%
<b>OES Region V Data</b>				
<b>Region Total</b>	467	109	241	51.61%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Kings County Data</b>				
LHD	0	0	0	0
Hospitals	7	0	21	0
Clinics	0	0	0	0
<b>County Total</b>	7	0	21	0
<b>OES Region V Data</b>				
<b>Region Total</b>	582	247	1,746	741

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Kings County</b>	144,732	72	7	21
<b>OES Region V</b>	2,590,370	1,296	829	2,487

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.



<b>Communication Technology</b>	<b>Number Reported</b>
Phones	2
Dedicated phones	0
Fax	2
HAM radio	0
Satellite phones	0
Email	2
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Kings County</b>			
LHD	111	45	40.54%
Hospitals	1,820	579	31.81%
Clinics	0	0	0%
<b>County Total</b>	<b>1,931</b>	<b>624</b>	<b>32.31%</b>
<b>OES Region V</b>			
<b>Region Total</b>	<b>33,180</b>	<b>6,848</b>	<b>20.64%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 1 on botulinum to a high of 2 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 2 exercises involving influenza.

## Kings County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
AC and Insulating Package	3
Attached Lid Container, Stackable	50
Awning	2
Batteries	120
Battery Charger, Single	20
Blower w Inline Heater	2
Breathing Tube	20
Cargo Response and Storage Trailers	3
Caution Tape	6
Cooler	4
Roller Storage Bag for Shelter	8
Extension Cord	14
Flashlight	100
Fluorescent Lighting	2
Generator	5
Generator Recoil	2
Hand Truck/carts (Folding)	1
Heavy Duty Platform Truck	1
HEPA Battery Charger	10
HEPA PAPR Head Cover	40
Ice Chest	1
Light Sled Kit	12
Locking Utility Cart	1
Megaphone	2
Mobile Safety Barricade	4
Outdoor Isolation Shelter	1
Oxygen Manifold	2
Powered Air Purifying Respirator (PAPR)	20
Portable Adjustable Hospital Bed	24
Radiation Detectors	1
Reflective Safety Vest	20
Replacement Filter	20
Safety Flares	2
Shelter	12
Side Wall for Shelter	4
Traffic Cones	20
Traffic Delineator	20
Treatment Area Flags	1
Triage Tags	100

**LAKE COUNTY**  
**Health Services Department**

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 161,127	\$0	\$161,127
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 163,229	\$163,229	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 188,419	\$ 188,419	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 186,020	\$ 186,020	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 107,391	\$ 107,391	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$52,279	\$52,279	\$0
		<b>\$ 858,465</b>	<b>\$ 697,338</b>	<b>\$161,127</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 160,200	\$0	\$160,200
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 169,050	\$43,354	\$125,696
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 367,596	\$ 362,836	\$4,760
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 149,311	\$ 146,911	\$2,400
		<b>\$ 846,157</b>	<b>\$ 553,101</b>	<b>\$293,056</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDS on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**LAKE COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.1475	<b>\$109,553</b>	<b>\$0</b>	<b>\$109,553</b>
Administration				
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist	1.6475			
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.5			
Health Program Manager/Specialist				
Information Technology	0.4			
Microbiologists				
Pharmacist				
Public Health Nurse	0.1			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$37,235</b>	<b>\$0</b>	<b>\$37,235</b>
<b>TRAVEL</b>		<b>\$6,400</b>	<b>\$0</b>	<b>\$6,400</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$200</b>	<b>\$0</b>	<b>\$200</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$200		\$200
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$800</b>	<b>\$0</b>	<b>\$800</b>
Communications				\$0
Supplies				\$0
Information Technology		\$300		\$300
Office		\$500		\$500
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$6,936</b>	<b>\$0</b>	<b>\$6,936</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$161,124</b>	<b>\$0</b>	<b>\$161,124</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$161,124</b>	<b>\$0</b>	<b>\$161,124</b>

**LAKE COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.9	\$86,375	\$85,720	\$655
Administration	0.05			
Emergency Coordinator/BT Specialist				
Environmental Scientist	0.15			
Epidemiologist/Biostatistician				
Health Educator	0			
Health Officer/Public Health Medical Officer	0.5			
Health Program Manager/Specialist	0.05			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.15			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		\$28,561	\$28,297	\$264
<b>TRAVEL</b>		\$2,132	\$2,132	\$0
<b>EQUIPMENT</b>		\$4,300	\$3,564	\$736
Communications				\$0
Exercises and drills		\$0	\$0	\$0
Information Technology		\$4,300	\$3,564	\$736
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$367	\$367	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$367	\$367	\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		\$30,000	\$0	\$30,000
Provide Epidemiological services.		\$30,000	\$0	\$30,000
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		\$11,494	\$11,494	\$0
<b>TOTAL CDC BASE/LAB FUNDING</b>		\$163,229	\$131,574	\$31,655

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	\$163,229	\$131,574	\$31,655
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**LAKE COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$43,650</b>	<b>\$0</b>	<b>\$43,650</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$43,650		\$43,650
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$28,326</b>	<b>\$0</b>	<b>\$28,326</b>
Target Capability #1, Personnel	\$5,026		\$5,026
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$18,300		\$18,300
Target Capability #4, Training	\$5,000		\$5,000
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,764</b>	<b>\$0</b>	<b>\$50,764</b>
Target Capability #1, Personnel	\$50,764		\$50,764
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$18,411</b>	<b>\$0</b>	<b>\$18,411</b>
Target Capability #1, Personnel	\$8,368		\$8,368
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$2,745		\$2,745
Target Capability #4, Training	\$7,298		\$7,298
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>TOTAL</b>	<b>\$141,151</b>	<b>\$0</b>	<b>\$141,151</b>

**LAKE COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$15,040</b>	<b>\$0</b>	<b>\$15,040</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$15,040		\$15,040
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$64,960</b>	<b>\$17,331</b>	<b>\$47,629</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$38,736	\$17,331	\$21,405
Benchmark 2-6, Personal Protective Equipment	\$17,705		\$17,705
Benchmark 2-7, Decontamination	\$8,520		\$8,520
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$17,000</b>	<b>\$0</b>	<b>\$17,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$6,000		\$6,000
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$11,000		\$11,000
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$2,000		\$2,000
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$2,000		\$2,000
Benchmark 2-6, Personal Protective Equipment	\$10,000		\$10,000
Benchmark 2-7, Decontamination	\$10,000		\$10,000
Benchmark 2-10, Communication and Information Technology	\$5,000		\$5,000
Benchmark 5, Education and Preparedness Training	\$11,000		\$11,000
Benchmark 6, Terrorism Preparedness Exercises	\$10,000		\$10,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$22,050</b>	<b>\$0</b>	<b>\$22,050</b>
Benchmark 2-1, Bed Capacity	\$300		\$300
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$6,110		\$6,110
Benchmark 2-6, Personal Protective Equipment	\$4,156		\$4,156
Benchmark 2-7, Decontamination	\$2,778		\$2,778
Benchmark 2-10, Communication and Information Technology	\$1,650		\$1,650
Benchmark 5, Education and Preparedness Training	\$3,906		\$3,906
Benchmark 6, Terrorism Preparedness Exercises	\$3,150		\$3,150
<b>TOTAL</b>	<b>\$169,050</b>	<b>\$17,331</b>	<b>\$151,719</b>

**California Surge Capacity Summary**  
**County of Lake**  
**Grant Period September 1, 2005 through August 31, 2007**

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

**Benchmark 2-1: Surge Beds**

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million (1:2,000) population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

Lake County is required to have the capacity to triage, treat, and initially stabilize 1,528 surge patients based on its current population of 3,056,865.

	<b>Number of Surge Beds Available within 3 hours</b>	<b>Number of Surge Beds Available within 24 hours</b>
<b>Acute Infectious Disease</b>		
<b>Lake County</b>		
<b>Benchmark Requirement</b>	<b>32</b>	<b>32</b>
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>123</b>	<b>123</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>123</b>	<b>123</b>
<b>Beds above / below Benchmark</b>	<b>+91</b>	<b>+91</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Lake County</b>		
<b>Benchmark Requirement</b>	<b>3</b>	<b>3</b>
Hospitals	<b>10</b>	<b>37</b>
<b>County Total</b>	<b>10</b>	<b>37</b>
<b>Beds above / below Benchmark</b>	<b>+7</b>	<b>+34</b>
<b>Radiation Induced Injury</b>		
<b>Lake County</b>		
<b>Benchmark Requirement</b>	<b>3</b>	<b>3</b>
Hospitals	<b>14</b>	<b>35</b>
<b>County Total</b>	<b>14</b>	<b>35</b>
<b>Beds above / below Benchmark</b>	<b>+11</b>	<b>+32</b>
<b>Chemical Poisoning</b>		
<b>Lake County</b>		
<b>Benchmark Requirement</b>	<b>3</b>	<b>3</b>
Hospitals	<b>9</b>	<b>9</b>
<b>County Total</b>	<b>9</b>	<b>9</b>
<b>Beds above / below Benchmark</b>	<b>+6</b>	<b>+6</b>

### **Critical Benchmark 2-2: Isolation Capacity**

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients.

	# Isolation Beds Vented to Outside	*# of Fixed HEPA Systems	# of Portable HEPA Systems
<b>Lake County</b>			
LHD			0
Hospitals	3	0	1
Clinics	0	0	1
<b>County Total</b>	3	0	2

\* HEPA is a type of air filtration system that is commonly used in air purifiers. HEPA is an acronym for "high efficiency particulate air."

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Lake County</b>						
LHD	55	220	0	17	0	17
Hospitals	510	2,040	72	56	25	58
Clinics	52	208	111	18	8	33
<b>County Total</b>	617	2,468	183	91	33	108
<b>% of Total Achieved – Household of 4</b>			7.41%	3.69%	1.34%	4.38%

<b>% of Staff Achieved</b>			29.66%	14.75%	5.35%	17.50%
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\* A standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

Personal protective equipment is typed by level. Level A includes a Self Contained Breathing Apparatus (SCBA), totally encapsulating chemical protective suit, gloves, and boots and should be used when the greatest level of skin, respiratory, and eye protection is required. Level B includes a SCBA, hooded chemical resistant clothing, gloves, and boots and should be used when the highest level of respiratory protection is necessary but a lesser level of skin protection is needed. Level C protection includes a powered air purifying respirator (PAPR), hooded chemical resistant clothing, gloves, and boots and is used when the concentration and type of airborne substances is known.

In Year 3, HRSA required that each hospital have a minimum of 10 PAPRs.

<b>Existing PPE</b>			
	<b>Level A</b>	<b>Level B</b>	<b>Level C</b>
<b>Lake County</b>			
LHD	0	0	16
Hospitals	10	10	10
Clinics	0	0	12
<b>County Total</b>	10	10	38

<b>Number of Staff Trained in Use of PPE</b>			
	<b>Level A</b>	<b>Level B</b>	<b>Level C</b>
<b>Lake County</b>			
LHD	0	0	0
Hospitals	10	10	10
Clinics	0	0	0
<b>County Total</b>	10	10	10

<b>N-95 Respirators</b>	
	<b>Number of N-95 Respirators</b>
<b>Lake County</b>	

<b>Powered Air Purifying Respirators (PAPRs)</b>	
	<b>Number of PAPRs</b>
<b>Lake County</b>	

LHD	480
Hospitals	10
Clinics	220
<b>County Total</b>	<b>710</b>

LHD	16
Hospitals	10
Clinics	11
<b>County Total</b>	<b>37</b>

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use	# of Surge Ventilators*
<b>Lake County</b>					
Hospitals	6	0	0	60.25%	6

\* Surge ventilators – average traditional ventilators not in use plus transport ventilators.

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The California Healthcare Surge Capacity Survey (CHSCS) asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Lake County</b>	63,250	32	164	492

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Lake County</b>				
LHD	5	5	15	15
Hospitals	100	50	300	150
Clinics	4	0	12	0
<b>County Total</b>	<b>109</b>	<b>55</b>	<b>327</b>	<b>165</b>

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency**

management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.

The CHSCS included a matrix asking LHDs, hospitals and clinics to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All entities surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

Communication Technology out of 31 Reporting Hospitals	Public Health	City EOC	EMS	Law Enforcement	County EOC	Fire	Clinics
Phones	1	1	1	1	1	1	1
*GETS/WPS Cards	0	0	0	0	0	0	0
Fax	1	0	1	1	1	1	1
HAM radio	0	0	0	0	0	0	0
Satellite phones	0	0	0	0	0	0	0
Email	1	0	1	0	0	1	1
800 MHz radios	0	0	0	0	0	0	0
Fiber optics	1	0	1	1	1	1	1
Microwave radio	0	0	0	0	0	0	0
Health Alert Network	0	0	0	0	0	0	0

\* Dedicated phones including Government Emergency Telecommunications Services Cards (GETS) for land-line communication prioritization or Wireless Priority Service (WPS) card for cellular phone communication prioritization.

#### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
Lake County			
LHD	55	38	62.5%
Hospitals	510	430	0%
Clinics	52	0	0%
County Total	617	468	7.95%

#### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.



Lake County HRSA participating hospitals are required to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the California CHSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CHSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 22 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 2 exercises involving influenza.

The survey limited responses to the listed scenarios. Hospitals may have conducted exercises involving other scenarios.

Exercise Scenario	Hospital Exercise Participation
Anthrax	1
Botulinum	0
Plague	1
Smallpox	1
Tularemia	0
Nerve Agents	0
Blood Agents	0
Blister Agents	0
Radiation/Nuclear	0
Influenza (pandemic flu)	1
Explosives	1
Evacuation	0

Participating Entity	Number of Exercises Participated In
Hospitals	2
EMS	2
Law Enforcement	2
Labs	1
Clinics	2
Public Health	2
Tribal Entities	1
Homeland Security	0
FBI	0
FEMA	0
CDC	1
Military/National Guard	1
Fire	2
OES	2

## Lake County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
2-Way Radio	20
Body Bag	20
Body Push to Talk Switch	10
Cots	130
Decontamination Shelter	2
Ear Microphone	10
Evacuation Chair	2
Fluorescent Lighting	8
Generator	3
Generator Recoil	2
Generator Wheel Kit	3
Litter	44
Litter Stand	40
Protective Ground Cloth	2
Triage Tags	15,250
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	550
Doxycycline	933
Gentamic	614
Levaquin	467
Sulfamethoxazole/Trimethoprim	467
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Anti-Bacterial Hand Solution	48
Battery	3
Battery Charger (single unit)	50
Blankets	1,320
Body bags	360
Booties	50
Boots, pair	30
Coveralls (each)	9,769
Decontamination Kits	160
Decontamination Spray Cannister	2
Gloves	10
Don-it Kit	3,260
Megaphone	2
Personal Safety suit	120
Powered Air Purifying Respirator (PAPR)	50
N95 Respirators	1,980
Safety Vest	40

**LASSEN COUNTY**  
**Health & Social Services**

APPENDIX D

As of December 31, 2006

	<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 133,805	\$0	\$133,805
<b>2005/06</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 135,443	\$101,582	\$33,861
<b>2004/05</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 148,757	\$ 148,757	\$0
<b>2003/04</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 152,626	\$ 152,626	\$0
<b>2002/03</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 94,922	\$ 94,922	\$0
<b>2001/02</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$47,434	\$47,434	\$0
	<u>\$ 712,987</u>	<u>\$ 545,321</u>	<u>\$167,666</u>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

	<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2005/06</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2004/05</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
<b>2003/04</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program		See NorCal EMS	
	<u>\$ -</u>	<u>\$ -</u>	<u>\$0</u>

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**LASSEN COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.4	<b>\$48,048</b>	<b>\$0</b>	<b>\$48,048</b>
Administration	0.1			
Emergency Coordinator/BT Specialist	1.25			
Environmental Scientist				
Epidemiologist/Biostatistician	0.05			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$13,724</b>	<b>\$0</b>	<b>\$13,724</b>
<b>TRAVEL</b>		<b>\$4,936</b>	<b>\$0</b>	<b>\$4,936</b>
<b>EQUIPMENT</b>		<b>\$35,000</b>	<b>\$0</b>	<b>\$35,000</b>
Communications				\$0
Exercises and drills		\$35,000		\$35,000
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$7,352</b>	<b>\$0</b>	<b>\$7,352</b>
Communications				\$0
Exercises and drills		\$3,000		\$3,000
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge		\$4,352		\$4,352
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$2,500</b>	<b>\$0</b>	<b>\$2,500</b>
Maintain public health emergency preparedness website.		\$2,500		\$2,500
				\$0
<b>OTHER</b>		<b>\$14,638</b>	<b>\$0</b>	<b>\$14,638</b>
Communications		\$1,648		\$1,648
Supplies				\$0
Information Technology		\$760		\$760
Office		\$4,460		\$4,460
Training				\$0
Facilities		\$7,770		\$7,770
<b>INDIRECT COSTS</b>		<b>\$7,606</b>	<b>\$0</b>	<b>\$7,606</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$133,804</b>	<b>\$0</b>	<b>\$133,804</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$133,804</b>	<b>\$0</b>	<b>\$133,804</b>
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**LASSEN COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.25	<b>\$69,452</b>	<b>\$39,933</b>	<b>\$29,519</b>
Administration	0.5			
Emergency Coordinator/BT Specialist	0.6			
Environmental Scientist				
Epidemiologist/Biostatistician	0.15			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$22,853</b>	<b>\$11,980</b>	<b>\$10,873</b>
<b>TRAVEL</b>		<b>\$2,371</b>	<b>\$2,608</b>	<b>-\$237</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$10,000</b>	<b>\$2,061</b>	<b>\$7,939</b>
Communications				\$0
Exercises and drills		\$1,000		\$1,000
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge		\$9,000	\$2,061	\$6,939
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$11,000</b>	<b>\$3,000</b>	<b>\$8,000</b>
Train on public health emergency preparedness.		\$8,000		\$8,000
Maintain public health emergency preparedness website.		\$3,000	\$3,000	\$0
				\$0
<b>OTHER</b>		<b>\$12,610</b>	<b>\$9,771</b>	<b>\$2,839</b>
Communications		\$1,000	\$2,090	-\$1,090
Supplies				\$0
Information Technology		\$760	\$704	\$56
Office		\$4,460	\$1,208	\$3,252
Training				\$0
Facilities		\$6,390	\$5,769	\$621
<b>INDIRECT COSTS</b>		<b>\$7,157</b>	<b>\$6,561</b>	<b>\$596</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$135,443</b>	<b>\$75,914</b>	<b>\$59,529</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$135,443</b>	<b>\$75,914</b>	<b>\$59,529</b>
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## California Surge Capacity Survey Summary County of Lassen (Nor-Cal)

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Lassen (Nor-Cal) County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Lassen (Nor-Cal) County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>12</b>	<b>12</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>12</b>	<b>12</b>
Benchmark Minimum Level of Readiness	<b>18</b>	<b>18</b>
Beds above / below BM	<b>-6</b>	<b>-6</b>
<b>OES Region III Data</b>		



Benchmark Minimum Level of Readiness	393	393
<b>Region Total</b>	<b>714</b>	<b>975</b>
Beds above / below BM	+321	+582
Chemical Poisoning		
Lassen (Nor-Cal) County Data		
Hospitals	3	2
<b>County Total</b>	<b>3</b>	<b>2</b>
Benchmark Minimum Level of Readiness	2	2
Beds above / below BM	+1	0
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>56</b>	<b>75</b>
Beds above / below BM	+17	+36

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
Lassen (Nor-Cal) County Data		
Hospitals	3	12
<b>County Total</b>	<b>3</b>	<b>12</b>
Benchmark Minimum Level of Readiness	2	2
Beds above / below BM	+1	+10
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39
<b>Region Total</b>	<b>66</b>	<b>673</b>
Beds above / below BM	+27	+634
Radiation Induced Injury		
Lassen (Nor-Cal) County Data		
Hospitals	1	3
<b>County Total</b>	<b>1</b>	<b>3</b>
Benchmark Minimum Level of Readiness	2	2
Beds above / below BM	-1	+1
OES Region III Data		
Benchmark Minimum Level of Readiness	39	39

<b>Region Total</b>	<b>82</b>	<b>408</b>
Beds above / below BM	<b>+43</b>	<b>+369</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Lassen (Nor-Cal) County Data</b>			
LHD			0
Hospitals	3	0	0
Clinics	0	0	0
<b>County Total</b>	3	0	0
<b>OES Region III Data</b>			
<b>Region Total</b>	73	13	22

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Lassen (Nor-Cal) County Data</b>						
LHD	8	32	0	0	0	0
Hospitals	247	988	56	15	3	50
Clinics	100	400	0	0	0	0
County Total	355	1,420	56	15	3	50
% of Total Achieved			3.94%	1.06%	.21%	3.52%
% of Staff Achieved			15.77%	4.23%	.85%	14.08%
<b>OES Region III Data</b>						
Region Total	12,290.65	49,162	4,179	4,268	12,500	1,508
% of Total Achieved			8.5%	8.68%	25.43%	3.07%
% of Staff Achieved			34%	34.73%	101.70%	12.27%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 4 Level B, 4 Level C, and 250 Level D complete suits available. LHDs, hospitals and clinics report that 275 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
Lassen (Nor-Cal) County Data				
LHD	0	0	0	0
Hospitals	0	4	4	250
Clinics	0	0	0	0
<b>County Total</b>	0	4	4	250
OES Region III Data				
<b>Regional Total</b>	33	51	470	2,959

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Lassen (Nor-Cal) County Data				
LHD	0	0	0	Not measured
Hospitals	0	6	6	Not measured
Clinics	3	3	3	Not measured
<b>County Total</b>	3	9	9	Not measured
OES Region III Data				
<b>Regional Total</b>	24	116	279	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 9 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .66 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Lassen (Nor-Cal) County Data	
LHD	0
Hospitals	6
Clinics	0
<b>County Total</b>	6
OES Region III Data	
<b>Region Total</b>	14,272

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Lassen (Nor-Cal) County Data	
LHD	0
Hospitals	6
Clinics	0
<b>County Total</b>	6
OES Region III Data	
<b>Region Total</b>	427

Hospitals reported a total of 2 traditional ventilators and 2 transport ventilators. Hospitals indicated that on average throughout the year, 0 or 0% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Lassen (Nor-Cal) County Data				
Hospitals	2	2	0	0%
OES Region III Data				
<b>Region Total</b>	114	79	44	38.60%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Lassen (Nor-Cal) County Data				
LHD	0	0	0	0
Hospitals	15	4	45	12
Clinics	0	0	0	0
<b>County Total</b>	15	4	45	12
OES Region III Data				
<b>Region Total</b>	490	139	1,470	417

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Lassen (Nor-Cal) County	35,455	18	19	57
OES Region III	786,583	393	629	1,887

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	1
Fax	1
HAM radio	1
Satellite phones	1
Email	1
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Lassen (Nor-Cal) County</b>			
LHD	8	8	100%
Hospitals	247	247	100%
Clinics	100	0	0%
<b>County Total</b>	<b>355</b>	<b>255</b>	<b>100%</b>
<b>OES Region III</b>			
<b>Region Total</b>	<b>2,563.3</b>	<b>1,874</b>	<b>73.10%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 0 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

## LOS ANGELES Health Services

The Los Angeles County Department of Health Services is a direct grantee of the CDC Bioterrorism Cooperative Agreement and the HRSA Cooperative Agreement. These funds are used to support the three local health departments located within Los Angeles County as well as hospitals and other health care providers. This information is being included in this report to provide a statewide picture of California's Public Health Emergency Preparedness funding.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 30,543,506	\$19,482,379	\$11,061,127
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 42,680,553	\$33,578,320	\$9,102,233
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 28,414,156	\$ 17,970,858	\$10,443,298
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 30,198,783	\$ 25,464,645	\$4,734,138
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 25,726,259	\$ 24,390,023	\$1,336,236
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$1,034,695	\$1,019,476	\$15,219
		<b>\$ 158,597,952</b>	<b>\$121,905,701</b>	<b>\$36,692,251</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 15,084,217	\$897,309	\$14,186,908
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 15,807,897	\$13,162,221	\$2,645,676
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program *Balance extended for 12 months	\$ 15,613,758	\$ 15,613,758	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program * Includes Year one Carry Over	\$ 16,183,364	\$ 16,626,294	-\$442,930
		<b>\$ 62,689,236</b>	<b>\$ 46,299,582</b>	<b>\$16,389,654</b>



**Los Angeles County**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Total Grant Award Amount</b>	<b>Amount Expended/Obligated as of 10/31/06</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	156	\$8,830,593	\$6,715,740	\$2,114,853
Administration	40			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist	5			
Epidemiologist/Biostatistician	12			
Health Educator	7			
Health Officer/Public Health Medical Officer	0			
Health Program Manager/Specialist	20			
Information Technology	23			
Microbiologists	5			
Pharmacist	1			
Public Health Nurse	23			
Research Analyst	6			
Warehouse Worker/Buyer/Storekeeper	1			
Other (Exercise/AOC Staff)	12			
<b>FRINGE BENEFITS</b>		<b>\$4,123,620</b>	<b>\$3,177,635</b>	<b>\$945,985</b>
<b>TRAVEL</b>		<b>\$423,353</b>	<b>\$19,817</b>	<b>\$403,536</b>
<b>EQUIPMENT</b>		<b>\$2,209,700</b>	<b>\$16,065</b>	<b>\$2,193,635</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$1,476,238</b>	<b>\$42,825</b>	<b>\$1,433,413</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b>		<b>\$7,510,317</b>	<b>\$6,692,381</b>	<b>\$817,936</b>
<b>OTHER</b>		<b>\$382,828</b>	<b>\$33,203</b>	<b>\$349,625</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$2,150,340</b>	<b>\$1,631,643</b>	<b>\$518,697</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$27,106,989</b>	<b>\$18,329,309</b>	<b>\$8,777,680</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	5	\$250,561	\$198,126	<b>\$52,435</b>
Program Supervisor	1			
Staff Specialist	4			
<b>FRINGE BENEFITS</b>		<b>\$109,347</b>	<b>\$93,932</b>	<b>\$15,415</b>
<b>TRAVEL</b>		<b>\$11,582</b>	<b>\$0</b>	<b>\$11,582</b>
<b>EQUIPMENT</b>		<b>\$743,473</b>	<b>\$0</b>	<b>\$743,473</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$7,680</b>	<b>\$0</b>	<b>\$7,680</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b>		<b>\$1,956,923</b>	<b>\$812,876</b>	<b>\$1,144,047</b>
<b>OTHER</b>		<b>\$296,065</b>	<b>\$0</b>	<b>\$296,065</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$60,886</b>	<b>\$48,136</b>	<b>\$12,750</b>
<b>TOTAL CRI FUNDING</b>		<b>\$3,436,517</b>	<b>\$1,153,070</b>	<b>\$2,283,447</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$30,543,506</b>	<b>\$19,482,379</b>	<b>\$11,061,127</b>

**Note:**

The amount expended/obligated include the actual expenditures as of 10/31/06 of \$1,943,591 and obligated funds of \$16,134,170.

**Los Angeles County**  
**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>TOTAL GRANT AWARD AMOUNT</b>	<b>Amount Expended &amp; Obligated Through 8/30/06</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	158	\$8,066,146	\$6,762,169	\$1,303,977
Administration	40			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist	5			
Epidemiologist/Biostatistician	12			
Health Educator	7			
Health Officer/Public Health Medical Officer	0			
Health Program Manager/Specialist	20			
Information Technology	23			
Microbiologists	6			
Pharmacist	1			
Public Health Nurse	23			
Research Analyst	7			
Warehouse Worker/Buyer/Storekeeper	1			
Other (Exercise/AOC Staff)	12			
<b>FRINGE BENEFITS</b>		<b>\$3,471,908</b>	<b>\$3,173,378</b>	<b>\$298,530</b>
<b>TRAVEL</b>		<b>\$393,290</b>	<b>\$270,076</b>	<b>\$123,214</b>
<b>EQUIPMENT</b>		<b>\$3,821,790</b>	<b>\$1,828,783</b>	<b>\$1,993,007</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$725,568</b>	<b>\$498,133</b>	<b>\$227,435</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b>		<b>\$20,366,190</b>	<b>\$16,617,976</b>	<b>\$3,748,214</b>
<b>OTHER</b>		<b>\$512,628</b>	<b>\$230,985</b>	<b>\$281,643</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$1,886,516</b>	<b>\$1,642,922</b>	<b>\$243,594</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$39,244,036</b>	<b>\$31,024,422</b>	<b>\$8,219,614</b>

<b>CDC CITIES READINESS INITIATIVE (CRI) FUNDING</b>				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	5	\$212,127	\$182,182	<b>\$29,945</b>
Program Supervisor	1			
Staff Specialist	4			
<b>FRINGE BENEFITS</b>		<b>\$84,187</b>	<b>\$81,755</b>	<b>\$2,432</b>
<b>TRAVEL</b>		<b>\$8,441</b>	<b>\$1,021</b>	<b>\$7,420</b>
<b>EQUIPMENT</b>		<b>\$77,500</b>	<b>\$4,833</b>	<b>\$72,667</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$11,400</b>	<b>\$15,569</b>	<b>-\$4,169</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b>		<b>\$2,223,016</b>	<b>\$2,223,016</b>	<b>\$0</b>
<b>OTHER</b>		<b>\$770,170</b>	<b>\$1,260</b>	<b>\$768,910</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$49,676</b>	<b>\$44,262</b>	<b>\$5,414</b>
<b>TOTAL CRI FUNDING</b>		<b>\$3,436,517</b>	<b>\$2,553,898</b>	<b>\$882,619</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$42,680,553</b>	<b>\$33,578,320</b>	<b>\$9,102,233</b>

Note:

The total grant award includes the carry over of \$12,489,126 from prior year grant periods.

**LOS ANGELES COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of November 30, 2006**

Allocated Area	Budget	Amount Expended	Balance
Salaries/Personnel	\$813,000	\$554,243	\$258,757
Benefits	\$379,996	\$253,904	\$126,092
Travel In State	\$12,168	\$0	\$12,168
Travel Out of State	\$23,820	\$4,703	\$19,117
Supplies	\$29,640	\$2,886	\$26,754
<b>Contractual</b>			
Hospital Basic Participants	\$1,423,100	\$0	\$1,423,100
Hospital Expanded Participants	\$3,478,200	\$0	\$3,478,200
Hospital Expanded/DRC Participants	\$4,202,000	\$0	\$4,202,000
Trauma Surge Funding	\$1,604,002	\$0	\$1,604,002
CCALAC Funding	\$500,000	\$0	\$500,000
VCLA Contract for ESAR VHP	\$200,000	\$0	\$200,000
All Health Contract for ESAR VHP	\$200,000	\$0	\$200,000
ReddiNet Contract for Surveillance	\$110,000	\$0	\$110,000
LAFD Surveillance	\$55,000	\$0	\$55,000
Other Surveillance	\$64,998	\$0	\$64,998
Burn Surge	\$100,000	\$0	\$100,000
PsySTART	\$285,000	\$0	\$285,000
RAND Contract	\$55,000	\$0	\$55,000
<b>Other</b>			
Bed Availability Tracking System	\$100,000	\$0	\$100,000
Hospital Laboratories	\$27,000	\$0	\$27,000
Hospital Disaster Management Training	\$50,000	\$0	\$50,000
Total Direct Costs	\$13,712,924	\$815,736	\$12,897,188
Indirect Costs	\$1,371,292	\$81,574	\$1,289,719
Total Costs	\$15,084,216	\$897,310	\$14,186,907

**LOS ANGELES COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of November 30, 2006**

Allocated Area	Budget	Amount Expended	Balance
Awardee Costs - Salaries	\$516,244	\$517,238	-\$994
Awardee Costs - Benefits	\$236,408	\$236,811	-\$403
Awardee Costs - Travel In State	\$11,328	\$11,328	\$0
Awardee Costs - Travel Out of State	\$11,017	\$15,918	
Awardee Costs - Supplies	\$7,565	\$24,286	-\$16,721
Awardee-wide Planning	\$18,281	\$15,370	\$2,911
CB 2-1 Hospital Bed Capacity - DRC Hospitals and CCALAC and Trauma Surge	\$6,938,264	\$6,938,731	-\$467
CB 2-2 Isolation Capacity	\$0	\$0	\$0
CB 2-4 ESAR VHP	\$410,000	\$112,798	\$297,202
<i>Phase III ESAR VHP funds</i>	<i>\$182,000</i>	<i>\$0</i>	<i>\$182,000</i>
CB 2-5 Pharmaceutical Caches	\$493,780	\$298,105	\$195,675
CB 2-6 PPE	\$0	\$0	\$0
CB 2-7 Decontamination	\$382,660	\$132,660	\$250,000
CB 2-8 Mental Health	\$400,000	\$79,473	\$320,527
CB 2-10 Communication and IT	\$1,170,000	\$915,000	\$255,000
CB 3 EMS	\$0	\$0	\$0
CB 4-1 Hospital Laboratories	\$455,000	\$46,989	\$408,011
CB 4-2 Hospital Surveillance	\$405,000	\$27,500	\$377,500
CB 5 Education and Training	\$2,000,000	\$1,902,726	\$97,274
CB 6 Terrorism Preparedness Exercises	\$710,000	\$670,000	\$40,000
Other	\$20,723	\$20,723	\$0
Total Direct Costs	\$14,368,270	\$11,965,656	\$2,402,614
Indirect Costs	\$1,434,555	\$1,196,566	\$237,989
Total Costs	\$15,802,825	\$13,162,222	\$2,640,603

# California Surge Capacity Survey Summary

## County of Los Angeles

### Grant Period September 1, 2005 through August 31, 2007

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

#### **Survey Findings by HRSA Benchmark**

##### **Benchmark 2-1: Surge Beds**

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Los Angeles County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Los Angeles County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>2,791</b>	<b>3,664</b>
Clinics	<b>24</b>	<b>47</b>
<b>County Total</b>	<b>2,815</b>	<b>3,711</b>
<b>Benchmark Minimum Level of Readiness</b>	<b>5,113</b>	<b>5,113</b>

Beds above / below BM	-2,298	-1,402
<b>OES Region I Data</b>		
Benchmark Minimum Level of Readiness	7,388	7,388
<b>Region Total</b>	4,537	7,975
Beds above / below BM	-2,851	+587
<b>Chemical Poisoning</b>		
<b>Los Angeles County Data</b>		
Hospitals	489	596
<b>County Total</b>	489	596
Benchmark Minimum Level of Readiness	511	511
Beds above / below BM	-22	+85
<b>OES Region I Data</b>		
Benchmark Minimum Level of Readiness	739	739
<b>Region Total</b>	769	1,005
Beds above / below BM	+30	+266

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Los Angeles County Data</b>		
Hospitals	387	2,190
<b>County Total</b>	387	2,190
Benchmark Minimum Level of Readiness	511	511
Beds above / below BM	-124	+1,679
<b>OES Region I Data</b>		
Benchmark Minimum Level of Readiness	739	739
<b>Region Total</b>	648	3,699
Beds above / below BM	-91	+2,960
<b>Radiation Induced Injury</b>		
<b>Los Angeles County Data</b>		
Hospitals	886	2,262
<b>County Total</b>	886	2,262
Benchmark Minimum Level of Readiness	511	511
Beds above / below BM	+375	+1,751
<b>OES Region I Data</b>		



Benchmark Minimum Level of Readiness	739	739
<b>Region Total</b>	<b>1,266</b>	<b>3,692</b>
Beds above / below BM	<b>+527</b>	<b>+2,953</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Los Angeles County Data</b>			
LHD			0
Hospitals	859	213	347
Clinics	4	0	0
<b>County Total</b>	<b>863</b>	<b>213</b>	<b>347</b>
<b>OES Region I Data</b>			
<b>Region Total</b>	<b>1,262</b>	<b>314</b>	<b>432</b>

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate

number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the strategic national stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Los Angeles County Data</b>						
LHD	41,000	164,000	0	0	0	0
Hospitals	122,356	489,424	7,206	80,391	4,050	9,123
Clinics	260	1,040	2	672	15	0
County Total	163,616	654,464	7,208	81,063	4,065	9,123
% of Total Achieved			1.10%	12.39%	.62%	1.39%
% of Staff Achieved			4.41%	49.9%	2.5%	5.6%
<b>OES Region I Data</b>						
Region Total	228,317	912,584	11,272	194,075	28,029	16,479
% of Total Achieved			1.24%	21.27%	3.07%	1.81%
% of Staff Achieved			4.9%	85%	12.28%	7.22%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPR), the California surge capacity survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 83 Level A, 35 Level B, 653 Level C, and 25,156 Level D complete suits available. LHDs, hospitals and clinics report that 54,946 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
Los Angeles County Data				
LHD	0	0	0	
Hospitals	23	35	653	25156
Clinics	60	0	0	
<b>County Total</b>	83	35	653	25156
OES Region I Data				
<b>Regional Total</b>	218	141	1,716	44,103

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Los Angeles County Data				
LHD	0	0	0	Not measured
Hospitals	51	112	1,348	Not measured
Clinics	30	0	0	Not measured
<b>County Total</b>	81	112	1,348	Not measured
OES Region I Data				
<b>Regional Total</b>	294	562	1,470	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 1,348 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1.05 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Los Angeles County Data	
LHD	0
Hospitals	167,911
Clinics	0
<b>County Total</b>	167,911
OES Region I Data	
<b>Region Total</b>	203,550

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Los Angeles County Data	
LHD	0
Hospitals	666
Clinics	610
<b>County Total</b>	1,276
OES Region I Data	
<b>Region Total</b>	3,254

Hospitals reported a total of 1,481 traditional ventilators and 1,607 transport ventilators. Hospitals indicated that on average throughout the year, 856 or 57.8% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Los Angeles County Data				
Hospitals	1,481	1,607	856	57.8%
OES Region I Data				
<b>Region Total</b>	2,107	1,881	1,242	58.95%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Los Angeles County Data				
LHD	0	0	0	0
Hospitals	2,603	975	7,809	2,925
Clinics	0	0	0	0
<b>County Total</b>	2,603	975	7,809	2,925
OES Region I Data				
<b>Region Total</b>	4,472	1,535	13,416	4,605

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Los Angeles County	10,226,506	5,113	3,578	10,734
OES Region I	14,776,410	7,388	6,007	18,021

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	56
Dedicated phones	8
Fax	52
HAM radio	27
Satellite phones	5
Email	52
800 MHz radios	6
Fiber optics	9
Microwave radio	8
Health Alert Network	2

### **Critical Benchmark 5: Education and Preparedness Training**

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Los Angeles County</b>			
LHD	41,000	0	0%
Hospitals	122,356	27,931	22.83%
Clinics	260	0	0%
<b>County Total</b>	<b>163,616</b>	<b>27,931</b>	<b>17.07%</b>
<b>OES Region I</b>			
<b>Region Total</b>	<b>228,146</b>	<b>41,416</b>	<b>18.15%</b>

### **Critical Benchmark 6: Exercises**

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on blood agents to a high of 53 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 4 exercises involving influenza.

**MADERA COUNTY**  
**Public Health Department**

APPENDIX D

As of Decemer 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 237,687	\$0	\$237,687
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 240,959	\$240,959	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 362,384	\$ 362,384	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 360,022	\$ 360,022	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 204,535	\$ 204,535	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$66,795	\$66,795	\$0
		<b>\$ 1,472,382</b>	<b>\$ 1,234,695</b>	<b>\$237,687</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 191,763	\$0	\$191,763
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 190,448	\$44,788	\$145,660
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 348,034	\$ 348,034	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 204,485	\$ 178,920	\$25,565
		<b>\$ 934,730</b>	<b>\$ 571,742</b>	<b>\$362,988</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MADERA COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	2.15	<b>\$114,000</b>	<b>\$0</b>	<b>\$114,000</b>
Administration				
Emergency Coordinator/BT Specialist	0.9			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	1.25			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$33,530</b>	<b>\$0</b>	<b>\$33,530</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$18,165</b>	<b>\$0</b>	<b>\$18,165</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$18,165		\$18,165
<b>SUPPLIES</b>		<b>\$23,239</b>	<b>\$0</b>	<b>\$23,239</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$23,239		\$23,239
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$27,500</b>	<b>\$0</b>	<b>\$27,500</b>
Implement after hours answering service for Public Health Emergencies.		\$1,500		\$1,500
Develop County Pan Flu Plan.		\$15,000		\$15,000
Provide Epidemiological Services.		\$5,000		\$5,000
Conduct Critical Incident Management training.		\$6,000		\$6,000
				\$0
<b>OTHER</b>		<b>\$6,500</b>	<b>\$0</b>	<b>\$6,500</b>
Communications		\$6,500		\$6,500
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$14,753</b>	<b>\$0</b>	<b>\$14,753</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$237,687</b>	<b>\$0</b>	<b>\$237,687</b>



N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$237,687</b>	<b>\$0</b>	<b>\$237,687</b>
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**MADERA COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	<b>2</b>	<b>\$88,657</b>	<b>\$85,728</b>	<b>\$2,929</b>
Administration				
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.75			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.75			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$22,563</b>	<b>\$25,490</b>	<b>-\$2,927</b>
<b>TRAVEL</b>		<b>\$2,521</b>	<b>\$2,521</b>	<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$6,080</b>	<b>\$6,080</b>	<b>\$0</b>
Communications		\$279	\$279	\$0
Exercises and drills		\$3,000	\$3,000	\$0
Information Technology		\$1,037	\$1,037	\$0
Laboratory		\$1,764	\$1,764	\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$54,771</b>	<b>\$54,771</b>	<b>\$0</b>
Communications		\$2,701	\$2,701	\$0
Exercises and drills		\$15,718	\$15,718	\$0
Information Technology				\$0
Laboratory				\$0
Office		\$34,352	\$34,352	\$0
Surge		\$2,000	\$2,000	\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$31,352</b>	<b>\$31,352</b>	<b>\$0</b>
Plan exercise.		\$10,000	\$10,000	\$0
Train for Critical Incident Stress Management.		\$10,000	\$10,000	\$0
Develop a community medical model for Pan Flu and medical emergency management.		\$7,000	\$7,000	\$0
Develop All-Hazard, Mass Prophylaxis, SNS and Pan Flu Plans.		\$4,352	\$4,352	\$0
				\$0
<b>OTHER</b>		<b>\$23,897</b>	<b>\$23,897</b>	<b>\$0</b>
Communications				\$0
Supplies		\$16,397	\$16,397	\$0
Information Technology				\$0
Office		\$5,500	\$5,500	\$0
Training		\$2,000	\$2,000	\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$11,121</b>	<b>\$11,122</b>	<b>-\$1</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$240,962</b>	<b>\$240,961</b>	<b>\$1</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	\$240,962	\$240,961	\$1
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**MADERA COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$115,000</b>	<b>\$0</b>	<b>\$115,000</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$115,000		\$115,000
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$16,250</b>	<b>\$0</b>	<b>\$16,250</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$16,250		\$16,250
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$35,500</b>	<b>\$0</b>	<b>\$35,500</b>
Target Capability #1, Personnel	\$35,500		\$35,500
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$25,013</b>	<b>\$0</b>	<b>\$25,013</b>
Target Capability #1, Personnel	\$5,325		\$5,325
Target Capability #2, Planning	\$17,250		\$17,250
Target Capability #3, Equipment & Systems	\$2,438		\$2,438
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>TOTAL</b>	<b>\$191,763</b>	<b>\$0</b>	<b>\$191,763</b>

**MADERA COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$89,000</b>	<b>\$0</b>	<b>\$89,000</b>
Benchmark 2-1, Bed Capacity	\$80,000		\$80,000
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$9,000		\$9,000
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$21,100</b>	<b>\$0</b>	<b>\$21,100</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$21,100		\$21,100
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$32,500</b>	<b>\$0</b>	<b>\$32,500</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$28,000		\$28,000
Benchmark 5, Education and Preparedness Training	\$4,500		\$4,500
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$24,893</b>	<b>\$0</b>	<b>\$24,893</b>
Benchmark 2-1, Bed Capacity	\$11,617		\$11,617
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$1,659		\$1,659
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$4,979		\$4,979
Benchmark 5, Education and Preparedness Training	\$6,638		\$6,638
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$22,955</b>	<b>\$0</b>	<b>\$22,955</b>
Benchmark 2-1, Bed Capacity	\$13,743		\$13,743
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$249		\$249
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$4,947		\$4,947
Benchmark 5, Education and Preparedness Training	\$3,021		\$3,021
Benchmark 6, Terrorism Preparedness Exercises	\$996		\$996
<b>TOTAL</b>	<b>\$190,448</b>	<b>\$0</b>	<b>\$190,448</b>

## California Surge Capacity Survey Summary County of Madera

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Madera County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Madera County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>18</b>	<b>35</b>
Clinics	<b>2</b>	<b>52</b>
<b>County Total</b>	<b>20</b>	<b>87</b>
Benchmark Minimum Level of Readiness	<b>71</b>	<b>71</b>
Beds above / below BM	<b>-51</b>	<b>16</b>
<b>OES Region V Data</b>		
Benchmark Minimum	<b>1,295</b>	<b>1,295</b>

Level of Readiness		
<b>Region Total</b>	<b>1,788</b>	<b>2,061</b>
Beds above / below BM	<b>+493</b>	<b>+766</b>
Chemical Poisoning		
<b>Madera County Data</b>		
Hospitals	<b>13</b>	<b>21</b>
<b>County Total</b>	<b>13</b>	<b>21</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>+6</b>	<b>+14</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>177</b>	<b>255</b>
Beds above / below BM	<b>+47</b>	<b>+125</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Madera County Data</b>		
Hospitals	<b>13</b>	<b>127</b>
<b>County Total</b>	<b>13</b>	<b>127</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>+6</b>	<b>+120</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>127</b>	<b>939</b>
Beds above / below BM	<b>-3</b>	<b>+809</b>
Radiation Induced Injury		
<b>Madera County Data</b>		
Hospitals	<b>5</b>	<b>80</b>
<b>County Total</b>	<b>5</b>	<b>80</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>-2</b>	<b>+73</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>111</b>	<b>634</b>
Beds above / below BM	<b>-19</b>	<b>+504</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Madera County Data</b>			
LHD	0	0	0
Hospitals	40	48	16
Clinics	0	0	1
<b>County Total</b>	40	48	17
<b>OES Region V Data</b>			
<b>Region Total</b>	210	105	70

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).



	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Madera County Data</b>						
LHD	100	400	0	83	17	0
Hospitals	2,830	11,320	27	13	36	18
Clinics	62	248	6	4	4	8
County Total	2,992	11,968	33	100	57	26
% of Total Achieved			.28%	.84%	.48%	.22%
% of Staff Achieved			1.10%	3.34%	1.91%	.87%
<b>OES Region V Data</b>						
Region Total	33,180	132,720	8,946	10,274	1,255	7,489
% of Total Achieved			6.74%	7.74%	.95%	5.64%
% of Staff Achieved			26.96%	30.96%	3.78%	22.57%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 86 Level B, 631 Level C, and 5,844 Level D complete suits available. LHDs, hospitals and clinics report that 580 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Madera County Data</b>				
LHD	0	0	0	0

Hospitals	0	0	28	1,220
Clinics	0	75	0	
<b>County Total</b>	0	75	28	1,220
OES Region V Data				
<b>Regional Total</b>	2	86	631	5,844

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Madera County Data</b>				
LHD	1	1	1	Not measured
Hospitals	0	0	105	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	1	1	106	Not measured
OES Region V Data				
<b>Regional Total</b>	7	16	621	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 106 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 3.79 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Madera County Data</b>	
LHD	0
Hospitals	1,115
Clinics	84
<b>County Total</b>	1,199
OES Region V Data	
<b>Region Total</b>	39,578

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Madera County Data</b>	
LHD	0
Hospitals	28
Clinics	0
<b>County Total</b>	28
OES Region V Data	
<b>Region Total</b>	659

Hospitals reported a total of 97 traditional ventilators and 2 transport ventilators. Hospitals indicated that on average throughout the year, 38 or 39.18% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Madera County Data</b>				
Hospitals	97	2	38	39.18%
OES Region V Data				
<b>Region Total</b>	467	109	241	51.61%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Madera County Data				
LHD	12	7	36	21
Hospitals	20	7	60	21
Clinics	25	0	75	0
<b>County Total</b>	57	14	171	42
OES Region V Data				
<b>Region Total</b>	582	247	1,746	741

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Madera County	141,007	71	71	213
OES Region V	2,590,370	1,296	829	2,487

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	2
Dedicated phones	0
Fax	2
HAM radio	1
Satellite phones	0
Email	2
800 MHz radios	1
Fiber optics	0
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Madera County</b>			
LHD	100	28	28%
Hospitals	2,830	2,400	84.81%
Clinics	62	0	0%
<b>County Total</b>	<b>2,992</b>	<b>2,428</b>	<b>81.15%</b>
<b>OES Region V</b>			
<b>Region Total</b>	<b>33,180</b>	<b>6,848</b>	<b>20.64%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through

February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on tularemia to a high of 0 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

## Madera County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
6-unit Multicharger	3
Blankets	1,530
Blower w Inline Heater	2
Body Bags	18
Breathing Tubes Air Mate	16
Cots	600
Dust Containment Unit Bundle	1
Environmental Containment Unit (ECU) AnteRoom Unit	1
Evacuation Chair	1
Extension Cords	86
Flashlight	20
Fluorescent Lighting	2
Generator	6
Gloves (pair)	100
Handheld Digital Manometer	6
Heavy Duty Platform Truck	2
ID Flag Sets	2
Light Sled Kit	4
Locking Rear Lift Handles for Evacuation Chair	1
Locking Utility Cart	2
Mobile Safety Barricade	4
Negative Air Machine	2
Outdoor Isolation Shelter (3-5) Gurney	1
Oxygen Manifold	1
Portable Desk/shelf System	4
Reflective Safety Vest	20
Replacement HEPA Filter	9
Replacement Poly Pad	1,152
Roller Storage Bag for Shelter	5
Shelter	5
Shelter Tent	3
Side Wall (w/ zipper) for Shelter	2
Treatment Area Flags	6
Water Resistant Head Lamp	20

<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
*Replacement* - Breathing Tube	10
*Replacement* - Butyl Rubber Hood	10
Battery Charger Single Unit	16
Boots (pair)	66
Coveralls (each)	376
FR-57 Cartridges (6 per bag)	10
Gloves (pair)	299
Goggles (each)	78
Head Cover	16
N-95 Respirators, 20/box	156
NIMH Battery Charger Single Unit	10
PERSONAL SAFETY SUIT	90
Powered Air Purifying Respirator (PAPR) with Lithium battery (10/case)	170
RESP 9211 N95 COOL FLW 10/PK	36
Water resistant head lamp	8
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Casualty Management Shelter/Mobile Field Treatment Center	1
Collapsible Patient Roller System	1
Coveralls (6/case)	5
DECON KIT	390
HOSPITAL UTILITY SYSTEM	1
Isotherm Cooling Vest	8
Light fixture	12
Metal Halide Wobble light	4
Personal Bio-protective kit, ea	75
Portable Air Conditioning unit.	1
Portable Lights 10 sets of 2	10
Wastewater pump	3
Water Bladder	2
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
6-Unit Multi Charger	6
2-way Radios	25
Replacement Battery	4

**MARIN COUNTY**  
**Health & Human Services**

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 441,571	\$0	\$441,571
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 427,900	\$427,900	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 645,456	\$ 645,456	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 511,087	\$ 511,087	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 301,375	\$ 301,375	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$91,850	\$91,850	\$0
		<b>\$ 2,419,239</b>	<b>\$ 1,977,668</b>	<b>\$441,571</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 234,590	\$0	\$234,590
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 261,778	\$70,139	\$191,639
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 386,840	\$ 386,665	\$175
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 294,406	\$ 289,788	\$4,618
		<b>\$ 1,177,614</b>	<b>\$ 746,592</b>	<b>\$431,022</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.



**MARIN COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	2.68	<b>\$215,881</b>	<b>\$0</b>	<b>\$215,881</b>
Administration	0.45			
Emergency Coordinator/BT Specialist	1.13			
Environmental Scientist				
Epidemiologist/Biostatistician	0.5			
Health Educator				
Health Officer/Public Health Medical Officer	0.25			
Health Program Manager/Specialist	0.35			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$79,512</b>	<b>\$0</b>	<b>\$79,512</b>
<b>TRAVEL</b>		<b>\$9,980</b>	<b>\$0</b>	<b>\$9,980</b>
<b>EQUIPMENT</b>		<b>\$5,656</b>	<b>\$0</b>	<b>\$5,656</b>
Communications				\$0
Exercises and drills		\$5,656		\$5,656
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$1,005</b>	<b>\$0</b>	<b>\$1,005</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$1,005		\$1,005
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$29,537</b>	<b>\$0</b>	<b>\$29,537</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$341,571</b>	<b>\$0</b>	<b>\$341,571</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1	\$44,395	\$0	\$44,395
Program Supervisor	1			
Staff Specialist				
<b>FRINGE BENEFITS</b>		\$0	\$0	\$0
<b>TRAVEL</b>		\$2,795	\$0	\$2,795
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$48,378	\$0	\$48,378
Communications				\$0
Exercises and drills		\$2,000		\$2,000
Information Technology		\$300		\$300
Laboratory				\$0
Office		\$15,000		\$15,000
Surge		\$31,078		\$31,078
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		\$4,432	\$0	\$4,432
<b>TOTAL CRI FUNDING</b>		\$100,000	\$0	\$100,000
<b>TOTAL CDC GRANT FUNDING</b>		\$441,571	\$0	\$441,571

**MARIN COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	7.7337	<b>\$330,924</b>	<b>\$327,151</b>	<b>\$3,773</b>
Administration	0.45			
Emergency Coordinator/BT Specialist	0.2837			
Environmental Scientist				
Epidemiologist/Biostatistician	1			
Health Educator				
Health Officer/Public Health Medical Officer	2			
Health Program Manager/Specialist				
Information Technology				
Microbiologists	4			
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$60,264</b>	<b>\$48,493</b>	<b>\$11,771</b>
<b>TRAVEL</b>		<b>\$7,000</b>	<b>\$7,420</b>	<b>-\$420</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$5,022</b>	<b>\$12,880</b>	<b>-\$7,858</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory		\$3,022	\$9,972	-\$6,950
Office		\$2,000	\$2,908	-\$908
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$11,000</b>	<b>\$15,273</b>	<b>-\$4,273</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training		\$11,000	\$15,273	-\$4,273
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$13,690</b>	<b>\$13,690</b>	<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$427,900</b>	<b>\$424,907</b>	<b>\$2,993</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$427,900</b>	<b>\$424,907</b>	<b>\$2,993</b>
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**MARIN COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$58,518</b>	<b>\$0</b>	<b>\$58,518</b>
Target Capability #1, Personnel	\$58,518		\$58,518
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$66,207</b>	<b>\$0</b>	<b>\$66,207</b>
Target Capability #1, Personnel	\$33,073		\$33,073
Target Capability #2, Planning	\$10,000		\$10,000
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$4,344		\$4,344
Target Capability #5, Exercise Evaluations & Corrective Actions	\$18,790		\$18,790
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$79,266</b>	<b>\$0</b>	<b>\$79,266</b>
Target Capability #1, Personnel	\$53,757		\$53,757
Target Capability #2, Planning	\$0		\$0
Target Capability #3, Equipment & Systems	\$25,509		\$25,509
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$30,598</b>	<b>\$0</b>	<b>\$30,598</b>
Target Capability #1, Personnel	\$21,802		\$21,802
Target Capability #2, Planning	\$1,500		\$1,500
Target Capability #3, Equipment & Systems	\$3,826		\$3,826
Target Capability #4, Training	\$652		\$652
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,819		\$2,819
<b>TOTAL</b>	<b>\$234,589</b>	<b>\$0</b>	<b>\$234,589</b>

**MARIN COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$9,996</b>	<b>\$0</b>	<b>\$9,996</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$9,996		\$9,996
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$69,249</b>	<b>\$16,321</b>	<b>\$52,927</b>
Benchmark 2-1, Bed Capacity	\$8,026	\$2,474	\$5,551
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$3,247	\$5,454	-\$2,207
Benchmark 2-7, Decontamination	\$57,975	\$4,966	\$53,009
Benchmark 2-10, Communication and Information Technology	\$0	\$3,426	-\$3,426
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$100,728</b>	<b>\$0</b>	<b>\$100,728</b>
Benchmark 2-1, Bed Capacity	\$59,033		\$59,033
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$27,095		\$27,095
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$14,600		\$14,600
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$46,574</b>	<b>\$0</b>	<b>\$46,574</b>
Benchmark 2-1, Bed Capacity	\$6,000		\$6,000
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$8,741		\$8,741
Benchmark 2-6, Personal Protective Equipment	\$8,333		\$8,333
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$5,000		\$5,000
Benchmark 5, Education and Preparedness Training	\$13,500		\$13,500
Benchmark 6, Terrorism Preparedness Exercises	\$5,000		\$5,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$35,232</b>	<b>\$0</b>	<b>\$35,232</b>
Benchmark 2-1, Bed Capacity	\$10,959		\$10,959
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$5,375		\$5,375
Benchmark 2-6, Personal Protective Equipment	\$1,737		\$1,737
Benchmark 2-7, Decontamination	\$9,946		\$9,946
Benchmark 2-10, Communication and Information Technology	\$2,940		\$2,940
Benchmark 5, Education and Preparedness Training	\$3,524		\$3,524
Benchmark 6, Terrorism Preparedness Exercises	\$750		\$750
<b>TOTAL</b>	<b>\$261,778</b>	<b>\$16,321</b>	<b>\$245,457</b>

## California Surge Capacity Survey Summary County of Marin

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Marin County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Marin County Data</b>		
LHD	<b>0</b>	<b>115</b>
Hospitals	<b>53</b>	<b>71</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>53</b>	<b>186</b>
Benchmark Minimum Level of Readiness	<b>126</b>	<b>126</b>
Beds above / below BM	<b>-73</b>	<b>+60</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>4,076</b>	<b>4,076</b>

<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
<b>Chemical Poisoning</b>		
<b>Marin County Data</b>		
Hospitals	<b>14</b>	<b>24</b>
<b>County Total</b>	<b>14</b>	<b>24</b>
Benchmark Minimum Level of Readiness	<b>13</b>	<b>13</b>
Beds above / below BM	<b>+1</b>	<b>+11</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Marin County Data</b>		
Hospitals	<b>31</b>	<b>84</b>
<b>County Total</b>	<b>31</b>	<b>84</b>
Benchmark Minimum Level of Readiness	<b>13</b>	<b>13</b>
Beds above / below BM	<b>+18</b>	<b>+71</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
<b>Radiation Induced Injury</b>		
<b>Marin County Data</b>		
Hospitals	<b>19</b>	<b>13</b>
<b>County Total</b>	<b>19</b>	<b>13</b>
Benchmark Minimum Level of Readiness	<b>13</b>	<b>13</b>
Beds above / below BM	<b>+6</b>	<b>0</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>



### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Marin County Data</b>			
LHD			0
Hospitals	20	2	8
Clinics	0	0	0
<b>County Total</b>	20	2	8
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Marin County Data</b>						
LHD	180	720	0	83	0	0
Hospitals	3,634	14,536	166	494	213	189
Clinics	0	0	0	0	0	0
County Total	3,814	15,256	166	577	213	189
% of Total Achieved			1.09%	3.78%	1.40%	1.24%
% of Staff Achieved			4.35%	15.13%	5.58%	4.96%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 8 Level A, 10 Level B, 117 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 2,373 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Marin County Data</b>				
LHD	8	10	25	0
Hospitals	0	0	92	0

Clinics	0	0	0	0
<b>County Total</b>	8	10	117	0
OES Region II Data				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Marin County Data				
LHD	3	3	3	Not measured
Hospitals	0	0	66	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	3	3	69	Not measured
OES Region II Data				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 69 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 1.46 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Marin County Data	
LHD	23
Hospitals	7,300
Clinics	0
<b>County Total</b>	7,323
OES Region II Data	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Marin County Data	
LHD	5
Hospitals	96
Clinics	0
<b>County Total</b>	101
OES Region II Data	
<b>Region Total</b>	1,723

Hospitals reported a total of 23 traditional ventilators and 14 transport ventilators. Hospitals indicated that on average throughout the year, 23 or 100% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Marin County Data				
Hospitals	23	14	23	100%
OES Region II Data				
Region Total	1,233	1,256	636.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Marin County Data</b>				
LHD	24	6	72	18
Hospitals	82	24	246	72
Clinics	0	0	0	0
<b>County Total</b>	106	30	318	90
<b>OES Region II Data</b>				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Marin County</b>	252,485	126	136	408
<b>OES Region II</b>	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	3
Dedicated phones	0
Fax	3
HAM radio	3
Satellite phones	1
Email	3
800 MHz radios	2
Fiber optics	0
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Marin County</b>			
LHD	180	170	94.44%
Hospitals	3,634	105	2.89%
Clinics	0	0	0%
<b>County Total</b>	<b>3,814</b>	<b>275</b>	<b>7.21%</b>
<b>OES Region II</b>			
<b>Region Total</b>	<b>147,953.4</b>	<b>16,003</b>	<b>10.82%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 3 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## Marin County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Cots	160
Coveralls	36
Disposable Backboard	4
Dust Containment Unit Bundle	3
Generator	8
Generator Wheel Kit	6
Portable Gas Heaters	3
Rapid Response Triage Kit	1
Tent Shelter	4
Tripod Light Stand	6
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Butyl Hoods for Powered Air Purifying Respirator (PAPR)	70
Coveralls (each)	459
Gear Bag	60
Overshoe Boot (pair)	70
Powered Air Purifying Respirator (PAPR)	130
N95 Respirator	11,600
Respirator Butyl Rubber Hood	30
Respirator Filter Cartridge	540
Heavy Duty Shelter	2
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Coveralls (each)	2
Deacon Shower	4

# MARIPOSA COUNTY

APPENDIX D

## Health Department

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 117,370	\$0	\$117,370
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 117,985	\$117,985	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 124,693	\$ 124,693	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 130,448	\$ 130,448	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 109,706	\$ 109,706	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$43,562	\$43,562	\$0
		<b>\$ 643,764</b>	<b>\$ 526,394</b>	<b>\$117,370</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 142,161	\$0	\$142,161
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 117,554	\$20,995	\$96,560
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 98,500	\$ 98,500	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 114,240	\$ 99,284	\$14,956
		<b>\$ 472,455</b>	<b>\$ 218,779</b>	<b>\$253,677</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MARIPOSA COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.0863	<b>\$65,071</b>	<b>\$0</b>	<b>\$65,071</b>
Administration	0.0763			
Emergency Coordinator/BT Specialist	0.78			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.03			
Health Officer/Public Health Medical Officer	0.2			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$19,977</b>	<b>\$0</b>	<b>\$19,977</b>
<b>TRAVEL</b>		<b>\$3,492</b>	<b>\$0</b>	<b>\$3,492</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$3,341</b>	<b>\$0</b>	<b>\$3,341</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$3,341		\$3,341
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$8,198</b>	<b>\$0</b>	<b>\$8,198</b>
Provide Epidemiologist.		\$8,198		\$8,198
				\$0
<b>OTHER</b>		<b>\$8,786</b>	<b>\$0</b>	<b>\$8,786</b>
Communications		\$4,319		\$4,319
Supplies				\$0
Information Technology				\$0
Office		\$655		\$655
Training				\$0
Facilities		\$3,812		\$3,812
<b>INDIRECT COSTS</b>		<b>\$8,505</b>	<b>\$0</b>	<b>\$8,505</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$117,370</b>	<b>\$0</b>	<b>\$117,370</b>



N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$117,370</b>	<b>\$0</b>	<b>\$117,370</b>
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**MARIPOSA COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.01	<b>\$38,428</b>	<b>\$20,103</b>	<b>\$18,325</b>
Administration	0.6			
Emergency Coordinator/BT Specialist	0.38			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.03			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$20,038</b>	<b>\$8,788</b>	<b>\$11,250</b>
<b>TRAVEL</b>		<b>\$3,119</b>	<b>\$2,072</b>	<b>\$1,047</b>
<b>EQUIPMENT</b>		<b>\$32,650</b>	<b>\$0</b>	<b>\$32,650</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$32,650		\$32,650
<b>SUPPLIES</b>		<b>\$960</b>	<b>\$194</b>	<b>\$766</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$960	\$194	\$766
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$10,185</b>	<b>\$614</b>	<b>\$9,571</b>
Provide Epidemiologist.		\$8,185	\$614	\$7,571
Develop County Public Health Emergency Preparedness Plan.		\$2,000		\$2,000
				\$0
<b>OTHER</b>		<b>\$8,408</b>	<b>\$3,494</b>	<b>\$4,914</b>
Communications		\$2,465	\$76	\$2,389
Supplies				\$0
Information Technology				\$0
Office		\$3,271	\$1,096	\$2,175
Training				\$0
Facilities		\$2,672	\$2,322	\$350
<b>INDIRECT COSTS</b>		<b>\$3,843</b>	<b>\$2,889</b>	<b>\$954</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$117,631</b>	<b>\$38,154</b>	<b>\$79,477</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$117,631</b>	<b>\$38,154</b>	<b>\$79,477</b>
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**MARIPOSA COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$3,000</b>	<b>\$0</b>	<b>\$3,000</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$3,000		\$3,000
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$97,546</b>	<b>\$0</b>	<b>\$97,546</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$60,000		\$60,000
Target Capability #3, Equipment & Systems	\$29,546		\$29,546
Target Capability #4, Training	\$4,000		\$4,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$4,000		\$4,000
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$23,072</b>	<b>\$0</b>	<b>\$23,072</b>
Target Capability #1, Personnel	\$4,614		\$4,614
Target Capability #2, Planning	\$4,614		\$4,614
Target Capability #3, Equipment & Systems	\$4,614		\$4,614
Target Capability #4, Training	\$4,614		\$4,614
Target Capability #5, Exercise Evaluations & Corrective Actions	\$4,614		\$4,614
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$18,543</b>	<b>\$0</b>	<b>\$18,543</b>
Target Capability #1, Personnel	\$692		\$692
Target Capability #2, Planning	\$9,692		\$9,692
Target Capability #3, Equipment & Systems	\$5,574		\$5,574
Target Capability #4, Training	\$1,292		\$1,292
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,292		\$1,292
<b>TOTAL</b>	<b>\$142,161</b>	<b>\$0</b>	<b>\$142,161</b>

**MARIN COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$9,996</b>	<b>\$0</b>	<b>\$9,996</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$9,996		\$9,996
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$69,249</b>	<b>\$16,321</b>	<b>\$52,927</b>
Benchmark 2-1, Bed Capacity	\$8,026	\$2,474	\$5,551
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$3,247	\$5,454	-\$2,207
Benchmark 2-7, Decontamination	\$57,975	\$4,966	\$53,009
Benchmark 2-10, Communication and Information Technology	\$0	\$3,426	-\$3,426
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$100,728</b>	<b>\$0</b>	<b>\$100,728</b>
Benchmark 2-1, Bed Capacity	\$59,033		\$59,033
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$27,095		\$27,095
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$14,600		\$14,600
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$46,574</b>	<b>\$0</b>	<b>\$46,574</b>
Benchmark 2-1, Bed Capacity	\$6,000		\$6,000
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$8,741		\$8,741
Benchmark 2-6, Personal Protective Equipment	\$8,333		\$8,333
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$5,000		\$5,000
Benchmark 5, Education and Preparedness Training	\$13,500		\$13,500
Benchmark 6, Terrorism Preparedness Exercises	\$5,000		\$5,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$35,232</b>	<b>\$0</b>	<b>\$35,232</b>
Benchmark 2-1, Bed Capacity	\$10,959		\$10,959
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$5,375		\$5,375
Benchmark 2-6, Personal Protective Equipment	\$1,737		\$1,737
Benchmark 2-7, Decontamination	\$9,946		\$9,946
Benchmark 2-10, Communication and Information Technology	\$2,940		\$2,940
Benchmark 5, Education and Preparedness Training	\$3,524		\$3,524
Benchmark 6, Terrorism Preparedness Exercises	\$750		\$750
<b>TOTAL</b>	<b>\$261,778</b>	<b>\$16,321</b>	<b>\$245,457</b>

## California Surge Capacity Survey Summary County of Mariposa

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Mariposa County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Mariposa County Data</b>		
LHD	0	0
Hospitals	0	0
Clinics	0	0
<b>County Total</b>	0	0
Benchmark Minimum	9	9
Level of Readiness		
Beds above / below BM	-9	-9
<b>OES Region V Data</b>		
Benchmark Minimum	1,295	1,295

Level of Readiness		
<b>Region Total</b>	<b>1,788</b>	<b>2,061</b>
Beds above / below BM	<b>+493</b>	<b>+766</b>
Chemical Poisoning		
<b>Mariposa County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>-1</b>	<b>-1</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>177</b>	<b>255</b>
Beds above / below BM	<b>+47</b>	<b>+125</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Mariposa County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>-1</b>	<b>-1</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>127</b>	<b>939</b>
Beds above / below BM	<b>-3</b>	<b>+809</b>
Radiation Induced Injury		
<b>Mariposa County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>-1</b>	<b>-1</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>111</b>	<b>634</b>
Beds above / below BM	<b>-19</b>	<b>+504</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Mariposa County Data</b>			
LHD			0
Hospitals	0	0	0
Clinics	0	0	0
<b>County Total</b>	0	0	0
<b>OES Region V Data</b>			
<b>Region Total</b>	210	105	70

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).



	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Mariposa County Data</b>						
LHD	0	0	0	0	0	0
Hospitals	0	0	0	0	0	0
Clinics	0	0	0	0	0	0
County Total	0	0	0	0	0	0
% of Total Achieved			0%	0%	0%	0%
% of Staff Achieved			0%	0%	0%	0%
<b>OES Region V Data</b>						
Region Total	33,180	132,720	8,946	10,274	1,255	7,489
% of Total Achieved			6.74%	7.74%	.95%	5.64%
% of Staff Achieved			26.96%	30.96%	3.78%	22.57%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 0 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 0 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Mariposa County Data</b>				
LHD	0	0	0	0

Hospitals	0	0	0	0
Clinics	0	0	0	0
<b>County Total</b>	0	0	0	0
OES Region V Data				
<b>Regional Total</b>	2	86	631	5,844

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Mariposa County Data				
LHD	0	0	0	Not measured
Hospitals	0	0	0	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	0	Not measured
OES Region V Data				
<b>Regional Total</b>	7	16	621	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 0 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 0 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Mariposa County Data	
LHD	0
Hospitals	0
Clinics	0
<b>County Total</b>	0
OES Region V Data	
<b>Region Total</b>	39,578

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Mariposa County Data	
LHD	0
Hospitals	0
Clinics	0
<b>County Total</b>	0
OES Region V Data	
<b>Region Total</b>	659

Hospitals reported a total of 0 traditional ventilators and 0 transport ventilators. Hospitals indicated that on average throughout the year, 0 or 0% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Mariposa County Data				
Hospitals	0	0	0	0%
OES Region V Data				
<b>Region Total</b>	467	109	241	51.61%

### **Critical Benchmark 2-7: Decontamination**

Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a

**chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Mariposa County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	0	0
Clinics	0	0	0	0
<b>County Total</b>	0	0	0	0
<b>OES Region V Data</b>				
<b>Region Total</b>	582	247	1,746	741

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Mariposa County</b>	17,991	9	0	0
<b>OES Region V</b>	2,590,370	1,296	829	2,487

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	0
Dedicated phones	0
Fax	0
HAM radio	0
Satellite phones	0
Email	0
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Mariposa County</b>			
LHD	0	0	0
Hospitals	0	0	0
Clinics	0	0	0
<b>County Total</b>	0	0	0
<b>OES Region V</b>			
<b>Region Total</b>	33,180	6,848	20.64%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on tularemia to a high of 0 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

## Mariposa County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Blower w Inline Heater	2
Fluorescent Lighting	8
Generator	2
Generator Recoil	2
Medical Decontamination Backboards (each)	50
Shelter	2
Medical Supply Backpack	300
Triage Tags	4,500
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Don-it Kit	150
N95 Respirators	400
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Battery	10
Boots (pair)	10
Chemical Tape	3
Gloves (pair)	15
Respirator Filter Cartridges	24
Wastewater Pump w/15' Hose	1
Water Bladder	1
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	10
<b>BM 5 Surge Capacity: Education and Preparedness Training</b>	
Training Suits	24
<b>BM 6 Surge Capacity: Terrorism Preparedness Exercises</b>	
Hospital Response Kits	1

**MENDOCINO COUNTY**  
**Department of Public Health**

APPENDIX D

As of December 31, 2006

	<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 186,243	\$0	\$186,243
<b>2005/06</b> Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 189,944	\$189,944	\$0
<b>2004/05</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 367,469	\$ 367,469	\$0
<b>2003/04</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 305,527	\$ 305,527	\$0
<b>2002/03</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 167,645	\$ 167,645	\$0
<b>2001/02</b> Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$58,077	\$58,077	\$0
	<b>\$ 1,274,905</b>	<b>\$ 1,088,662</b>	<b>\$186,243</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

	<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 170,555	\$0	\$170,555
<b>2005/06</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 183,095	\$59,253	\$123,842
<b>2004/05</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 229,330	\$ 229,330	\$0
<b>2003/04</b> Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 156,074	\$ 151,061	\$5,013
	<b>\$ 739,054</b>	<b>\$ 439,644</b>	<b>\$299,410</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MENDOCINO COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.05	<b>\$104,852</b>	<b>\$0</b>	<b>\$104,852</b>
Administration	0.75			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.15			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	1.15			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$40,068</b>	<b>\$0</b>	<b>\$40,068</b>
<b>TRAVEL</b>		<b>\$11,397</b>	<b>\$0</b>	<b>\$11,397</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$13,977</b>	<b>\$0</b>	<b>\$13,977</b>
Communications				\$0
Exercises and drills		\$7,604		\$7,604
Information Technology				\$0
Laboratory				\$0
Office		\$6,373		\$6,373
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$14,348</b>	<b>\$0</b>	<b>\$14,348</b>
Develop and maintain database of volunteers.		\$3,000		\$3,000
Train staff in disaster preparedness.		\$4,000		\$4,000
Collect surveillance data.		\$7,348		\$7,348
				\$0
<b>OTHER</b>		<b>\$1,600</b>	<b>\$0</b>	<b>\$1,600</b>
Communications		\$1,600		\$1,600
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$186,242</b>	<b>\$0</b>	<b>\$186,242</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$186,242</b>	<b>\$0</b>	<b>\$186,242</b>



**MENDOCINO COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of February 28, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	<b>3</b>	<b>\$113,811</b>	<b>\$56,905</b>	<b>\$56,906</b>
Administration	2			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$34,459</b>	<b>\$17,230</b>	<b>\$17,229</b>
<b>TRAVEL</b>		<b>\$11,727</b>		<b>\$11,727</b>
<b>EQUIPMENT</b>		<b>\$2,691</b>	<b>\$0</b>	<b>\$2,691</b>
Communications		\$2,691		\$2,691
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$16,447</b>	<b>\$2,766</b>	<b>\$13,681</b>
Communications		\$4,611	\$900	\$3,711
Exercises and drills		\$3,600		\$3,600
Information Technology				\$0
Laboratory				\$0
Office		\$8,236	\$1,866	\$6,370
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$4,000</b>	<b>\$0</b>	<b>\$4,000</b>
Train staff to provide counseling in a crisis.		\$4,000		\$4,000
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$6,809</b>		<b>\$6,809</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$189,944</b>	<b>\$76,901</b>	<b>\$113,043</b>

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$189,944</b>	<b>\$76,901</b>	<b>\$113,043</b>

**MENDOCINO COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$49,600</b>	<b>\$0</b>	<b>\$49,600</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$2,500		\$2,500
Target Capability #4, Training	\$30,100		\$30,100
Target Capability #5, Exercise Evaluations & Corrective Actions	\$17,000		\$17,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$7,942</b>	<b>\$0</b>	<b>\$7,942</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$7,942		\$7,942
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$40,766</b>	<b>\$0</b>	<b>\$40,766</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$16,379		\$16,379
Target Capability #3, Equipment & Systems	\$14,518		\$14,518
Target Capability #4, Training	\$3,290		\$3,290
Target Capability #5, Exercise Evaluations & Corrective Actions	\$6,580		\$6,580
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Target Capability #1, Personnel	\$10,000		\$10,000
Target Capability #2, Planning	\$10,000		\$10,000
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$10,000		\$10,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$10,000		\$10,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$22,246</b>	<b>\$0</b>	<b>\$22,246</b>
Target Capability #1, Personnel	\$1,500		\$1,500
Target Capability #2, Planning	\$5,148		\$5,148
Target Capability #3, Equipment & Systems	\$4,053		\$4,053
Target Capability #4, Training	\$6,509		\$6,509
Target Capability #5, Exercise Evaluations & Corrective Actions	\$5,037		\$5,037
<b>TOTAL</b>	<b>\$170,555</b>	<b>\$0</b>	<b>\$170,555</b>

**MENDOCINO COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$64,491</b>	<b>\$0</b>	<b>\$64,491</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$34,000		\$34,000
Benchmark 6, Terrorism Preparedness Exercises	\$30,491		\$30,491
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$18,760</b>	<b>\$16,739</b>	<b>\$2,021</b>
Benchmark 2-1, Bed Capacity	\$1,262	\$474	\$788
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$16,265	\$16,265	\$0
Benchmark 2-6, Personal Protective Equipment	\$1,233		\$1,233
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$25,962</b>	<b>\$0</b>	<b>\$25,962</b>
Benchmark 2-1, Bed Capacity	\$12,516		\$12,516
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$1,075		\$1,075
Benchmark 2-10, Communication and Information Technology	\$2,601		\$2,601
Benchmark 5, Education and Preparedness Training	\$3,050		\$3,050
Benchmark 6, Terrorism Preparedness Exercises	\$6,720		\$6,720
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$5,887		\$5,887
Benchmark 2-2, Isolation Capacity	\$5,887		\$5,887
Benchmark 2-5, Pharmaceutical Caches	\$5,887		\$5,887
Benchmark 2-6, Personal Protective Equipment	\$5,887		\$5,887
Benchmark 2-7, Decontamination	\$2,903		\$2,903
Benchmark 2-10, Communication and Information Technology	\$5,887		\$5,887
Benchmark 5, Education and Preparedness Training	\$8,831		\$8,831
Benchmark 6, Terrorism Preparedness Exercises	\$8,831		\$8,831
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$23,882</b>	<b>\$0</b>	<b>\$23,882</b>
Benchmark 2-1, Bed Capacity	\$2,950		\$2,950
Benchmark 2-2, Isolation Capacity	\$883		\$883
Benchmark 2-5, Pharmaceutical Caches	\$3,323		\$3,323
Benchmark 2-6, Personal Protective Equipment	\$1,068		\$1,068
Benchmark 2-7, Decontamination	\$597		\$597
Benchmark 2-10, Communication and Information Technology	\$1,273		\$1,273
Benchmark 5, Education and Preparedness Training	\$6,882		\$6,882
Benchmark 6, Terrorism Preparedness Exercises	\$6,906		\$6,906
<b>TOTAL</b>	<b>\$183,095</b>	<b>\$16,739</b>	<b>\$166,355</b>

## California Surge Capacity Survey Summary County of Mendocino

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Mendocino County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Mendocino County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>57</b>	<b>105</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>57</b>	<b>105</b>
Benchmark Minimum Level of Readiness	<b>45</b>	<b>45</b>
Beds above / below BM	<b>+12</b>	<b>+60</b>
<b>OES Region II Data</b>		

Benchmark Minimum Level of Readiness	4,076	4,076
<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	+177	+1,777
Chemical Poisoning		
Mendocino County Data		
Hospitals	8	6
<b>County Total</b>	<b>8</b>	<b>6</b>
Benchmark Minimum Level of Readiness	4	4
Beds above / below BM	+4	+2
OES Region II Data		
Benchmark Minimum Level of Readiness	408	408
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	+539	+456

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
Mendocino County Data		
Hospitals	8	73
<b>County Total</b>	<b>8</b>	<b>73</b>
Benchmark Minimum Level of Readiness	4	4
Beds above / below BM	+4	+69
OES Region II Data		
Benchmark Minimum Level of Readiness	408	408
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	+118	+3,445
Radiation Induced Injury		
Mendocino County Data		
Hospitals	13	26
<b>County Total</b>	<b>13</b>	<b>26</b>
Benchmark Minimum Level of Readiness	4	4
Beds above / below BM	+9	+22
OES Region II Data		
Benchmark Minimum Level of Readiness	408	408

<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	+530	+2,779

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to at least maintain one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Mendocino County Data</b>			
LHD			1
Hospitals	8	4	6
Clinics	0	0	5
<b>County Total</b>	8	4	12
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Mendocino County Data</b>						
LHD	445	1,780	658	695	300	17
Hospitals	1,285	5,140	76	56	40	85
Clinics	445	1,780	658	695	300	17
County Total	2,175	8,700	1,392	1,446	640	119
% of Total Achieved			16%	16.62%	7.36%	1.37%
% of Staff Achieved			64%	66.48%	29.43%	5.47%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 11 Level A, 15 Level B, 342 Level C, and 100 Level D complete suits available. LHDs, hospitals and clinics report that 1,038 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).



Existing PPE				
	Level A	Level B	Level C	Level D
<b>Mendocino County Data</b>				
LHD	8	10	25	0
Hospitals	2	4	310	100
Clinics	1	1	7	0
<b>County Total</b>	11	15	342	100
<b>OES Region II Data</b>				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Mendocino County Data</b>				
LHD	3	3	3	Not measured
Hospitals	3	3	4	Not measured
Clinics	2	1	0	Not measured
<b>County Total</b>	8	7	7	Not measured
<b>OES Region II Data</b>				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 7 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 4.29 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Mendocino County Data</b>	
LHD	23
Hospitals	5,089
Clinics	772
<b>County Total</b>	5,884
<b>OES Region II Data</b>	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Mendocino County Data</b>	
LHD	5
Hospitals	22
Clinics	3
<b>County Total</b>	30
<b>OES Region II Data</b>	
<b>Region Total</b>	1,723

Hospitals reported a total of 10 traditional ventilators and 5 transport ventilators. Hospitals indicated that on average throughout the year, 1 or 10% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Mendocino County Data</b>				
Hospitals	10	5	1	10%
<b>OES Region II Data</b>				
<b>Region Total</b>	1,233	1,256	631.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Mendocino County Data				
LHD	24	6	72	18
Hospitals	25	8	75	24
Clinics	11	0	33	0
<b>County Total</b>	60	14	180	42
OES Region II Data				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Mendocino County	89,974	45	74	222
OES Region II	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	3
Dedicated phones	1
Fax	3
HAM radio	2
Satellite phones	0
Email	3
800 MHz radios	1
Fiber optics	1
Microwave radio	0
Health Alert Network	3

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Mendocino County</b>			
LHD	180	170	94.44%
Hospitals	1,285	3	.23%
Clinics	445	0	0%
<b>County Total</b>	<b>1,910</b>	<b>173</b>	<b>9.06%</b>
<b>OES Region II</b>			
<b>Region Total</b>	<b>147,953.4</b>	<b>16,003</b>	<b>10.82%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through

February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 2 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

## Mendocino County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Blankets	720
Body Bag	10
Cots	26
Fluorescent Lighting System	13
Folding chairs	10
Generator	1
Generator Recoil	3
Generator Wheel Kit	1
Inline Heater	2
Safety and Incident Command Vests	147
Wheelchairs	7
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	605
Doxycycline	1,100
Gentamic	600
Levaquin	550
Sulfamethoxazole/Trimethoprim	550
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger	33
Booties (pair)	47
Chemical Tape	22
Coveralls	150
Fit Test Kit	14
Fit Test Solution	84
Gloves (pair)	2,100
Goggles	3
N95 Respirators	2,660
Battery for Powered Air Purifying Respirator (PAPR)	33
Paper Gowns	200
Powered Air Purifying Respirator (PAPR)	34
Respirator Filter Cartridges	114
Sensitivity Solution	84
Surgical Gowns	28
Surgical Masks	100
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Decontamination System	3
Decontamination Kit	118
<b>BM 6 Surge Capacity: Terrorism Preparedness Exercises</b>	
Batteries	14
Barricades	20
Caution Tape	144
Cones	800
Flashlights	180
Portable Fluorescent Lights	4
Safety and Incident Command Vests	50

**MERCED COUNTY**  
**Public Health Department**

APPENDIX D

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 335,287	\$0	\$335,287
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	** \$ 649,915	\$649,915	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 490,134	\$ 490,134	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 479,024	\$ 479,024	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 281,031	\$ 281,031	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$84,872	\$84,872	\$0
		<b>\$ 2,320,263</b>	<b>\$ 1,984,976</b>	<b>\$335,287</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 232,000	\$0	\$232,000
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 246,296	\$49,345	\$196,951
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 284,646	\$ 265,436	\$19,210
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 266,356	\$ 210,300	\$56,056
		<b>\$ 1,029,298</b>	<b>\$ 525,081</b>	<b>\$504,217</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\*\* The grant amount for 2005/06 includes a one-time payment of \$309,834 for FY 2003/04 allocation.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MERCED COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	4.1	<b>\$173,664</b>	<b>\$0</b>	<b>\$173,664</b>
Administration	2			
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist				
Epidemiologist/Biostatistician	1			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.3			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.3			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$111,326</b>	<b>\$0</b>	<b>\$111,326</b>
<b>TRAVEL</b>		<b>\$4,352</b>	<b>\$0</b>	<b>\$4,352</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$10,945</b>	<b>\$0</b>	<b>\$10,945</b>
Communications		\$1,200		\$1,200
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$9,745		\$9,745
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$35,000</b>	<b>\$0</b>	<b>\$35,000</b>
Conduct a Pandemic Functional Drill.		\$35,000		\$35,000
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$335,287</b>	<b>\$0</b>	<b>\$335,287</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL <i>Description</i></b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$335,287</b>	<b>\$0</b>	<b>\$335,287</b>
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**MERCED COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	4.2	<b>\$175,124</b>	<b>\$186,437</b>	<b>-\$11,313</b>
Administration	1			
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist				
Epidemiologist/Biostatistician	1			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.3			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse	0.4			
Research Analyst	1			
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$105,480</b>	<b>\$104,604</b>	<b>\$876</b>
<b>TRAVEL</b>		<b>\$6,498</b>	<b>\$2,231</b>	<b>\$4,267</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$24,919</b>	<b>\$9,393</b>	<b>\$15,526</b>
Communications		\$2,400	\$2,776	-\$376
Exercises and drills				\$0
Information Technology				\$0
Laboratory		\$16,159		\$16,159
Office		\$6,360	\$6,617	-\$257
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$28,060</b>	<b>\$29,106</b>	<b>-\$1,046</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$340,081</b>	<b>\$331,771</b>	<b>\$8,310</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0
<b>TOTAL CDC GRANT FUNDING</b>		\$340,081	\$331,771	\$8,310

**MERCED COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$67,300</b>	<b>\$0</b>	<b>\$67,300</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$7,300		\$7,300
Target Capability #4, Training	\$15,000		\$15,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$45,000		\$45,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$57,000</b>	<b>\$0</b>	<b>\$57,000</b>
Target Capability #1, Personnel	\$57,000		\$57,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$5,950</b>	<b>\$0</b>	<b>\$5,950</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$5,950		\$5,950
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$71,000</b>	<b>\$0</b>	<b>\$71,000</b>
Target Capability #1, Personnel	\$15,000		\$15,000
Target Capability #2, Planning	\$15,000		\$15,000
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$5,000		\$5,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$36,000		\$36,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$30,188</b>	<b>\$0</b>	<b>\$30,188</b>
Target Capability #1, Personnel	\$2,250		\$2,250
Target Capability #2, Planning	\$10,800		\$10,800
Target Capability #3, Equipment & Systems	\$1,988		\$1,988
Target Capability #4, Training	\$3,000		\$3,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$12,150		\$12,150
<b>TOTAL</b>	<b>\$231,438</b>	<b>\$0</b>	<b>\$231,438</b>

**MERCED COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$98,725</b>	<b>\$0</b>	<b>\$98,725</b>
Benchmark 2-1, Bed Capacity	\$62,520		\$62,520
Benchmark 2-2, Isolation Capacity	\$2,000		\$2,000
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$6,705		\$6,705
Benchmark 5, Education and Preparedness Training	\$12,500		\$12,500
Benchmark 6, Terrorism Preparedness Exercises	\$15,000		\$15,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$64,076</b>	<b>\$0</b>	<b>\$64,076</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$21,432		\$21,432
Benchmark 2-6, Personal Protective Equipment	\$41,848		\$41,848
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$795		\$795
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$30,000		\$30,000
Benchmark 2-2, Isolation Capacity	\$5,000		\$5,000
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$7,500		\$7,500
Benchmark 6, Terrorism Preparedness Exercises	\$7,500		\$7,500
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$33,495</b>	<b>\$0</b>	<b>\$33,495</b>
Benchmark 2-1, Bed Capacity	\$13,878		\$13,878
Benchmark 2-2, Isolation Capacity	\$3,750		\$3,750
Benchmark 2-5, Pharmaceutical Caches	\$3,215		\$3,215
Benchmark 2-6, Personal Protective Equipment	\$6,277		\$6,277
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$3,000		\$3,000
Benchmark 6, Terrorism Preparedness Exercises	\$3,375		\$3,375
<b>TOTAL</b>	<b>\$246,296</b>	<b>\$0</b>	<b>\$246,296</b>

## California Surge Capacity Survey Summary County of Merced

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Merced County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Merced County Data</b>		
LHD	<b>131</b>	<b>346</b>
Hospitals	<b>120</b>	<b>150</b>
Clinics	<b>3</b>	<b>0</b>
<b>County Total</b>	<b>254</b>	<b>496</b>
Benchmark Minimum Level of Readiness	<b>120</b>	<b>120</b>
Beds above / below BM	<b>+134</b>	<b>+376</b>
<b>OES Region V Data</b>		
Benchmark Minimum	<b>1,295</b>	<b>1,295</b>

Level of Readiness		
<b>Region Total</b>	<b>1,785</b>	<b>2,061</b>
Beds above / below BM	<b>+493</b>	<b>+766</b>
Chemical Poisoning		
<b>Merced County Data</b>		
Hospitals	<b>9</b>	<b>14</b>
<b>County Total</b>	<b>9</b>	<b>14</b>
Benchmark Minimum Level of Readiness	<b>12</b>	<b>12</b>
Beds above / below BM	<b>-3</b>	<b>+2</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>177</b>	<b>255</b>
Beds above / below BM	<b>+47</b>	<b>+125</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Merced County Data</b>		
Hospitals	<b>8</b>	<b>149</b>
<b>County Total</b>	<b>8</b>	<b>149</b>
Benchmark Minimum Level of Readiness	<b>12</b>	<b>12</b>
Beds above / below BM	<b>-4</b>	<b>+137</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>127</b>	<b>939</b>
Beds above / below BM	<b>-3</b>	<b>+809</b>
Radiation Induced Injury		
<b>Merced County Data</b>		
Hospitals	<b>6</b>	<b>59</b>
<b>County Total</b>	<b>6</b>	<b>59</b>
Benchmark Minimum Level of Readiness	<b>12</b>	<b>12</b>
Beds above / below BM	<b>-6</b>	<b>+47</b>
<b>OES Region V Data</b>		
Benchmark Minimum Level of Readiness	<b>130</b>	<b>130</b>
<b>Region Total</b>	<b>111</b>	<b>634</b>
Beds above / below BM	<b>-19</b>	<b>+504</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Merced County Data</b>			
LHD			0
Hospitals	7	6	1
Clinics	0	0	0
<b>County Total</b>	7	6	1
<b>OES Region V Data</b>			
<b>Region Total</b>	210	105	70

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Merced County Data</b>						
LHD	165	660	0	0	0	0
Hospitals	569	2,276	77	92	57	117
Clinics	425	1,700	0	0	0	0
County Total	1,159	4,636	77	92	57	117
% of Total Achieved			1.66%	1.98%	1.23%	2.52%
% of Staff Achieved			6.64%	7.94%	4.92%	10.09%
<b>OES Region V Data</b>						
Region Total	33,180	132,820	8,946	10,274	1,255	7,489
% of Total Achieved			6.74%	7.74%	.95%	5.64%
% of Staff Achieved			26.96%	30.96%	3.78%	22.57%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 3 Level B, 631 Level C, and 5,844 Level D complete suits available. LHDs, hospitals and clinics report that 781 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Merced County Data</b>				
LHD	0	0	25	0



Hospitals	0	3	13	1,010
Clinics	0	0	0	0
<b>County Total</b>	0	3	38	1,010
OES Region V Data				
<b>Regional Total</b>	2	86	631	5,844

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Merced County Data				
LHD	0	0	0	Not measured
Hospitals	3	0	0	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	3	0	0	Not measured
OES Region V Data				
<b>Regional Total</b>	7	16	621	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 2 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 19 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Merced County Data	
LHD	5,000
Hospitals	1,090
Clinics	1,880
<b>County Total</b>	7,970
OES Region V Data	
<b>Region Total</b>	39,578

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Merced County Data	
LHD	25
Hospitals	13
Clinics	0
<b>County Total</b>	38
OES Region V Data	
<b>Region Total</b>	659

Hospitals reported a total of 13 traditional ventilators and 10 transport ventilators. Hospitals indicated that on average throughout the year, 8 or 61.54% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Merced County Data				
Hospitals	13	10	8	61.54%
OES Region V Data				
Region Total	467	109	241	51.61%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a**

**chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Merced County Data</b>				
LHD	180	120	540	360
Hospitals	64	4	192	12
Clinics	6	2	18	6
<b>County Total</b>	250	126	750	378
<b>OES Region V Data</b>				
<b>Region Total</b>	582	247	1,746	741

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Merced County</b>	240,162	120	376	1,128
<b>OES Region V</b>	2,590,370	1,296	829	2,487

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	2
Dedicated phones	0
Fax	1
HAM radio	2
Satellite phones	0
Email	1
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Merced County</b>			
LHD	165	80	48.48%
Hospitals	569	80	14.06%
Clinics	425	0	0%
<b>County Total</b>	<b>1,159</b>	<b>160</b>	<b>13.81%</b>
<b>OES Region V</b>			
<b>Region Total</b>	<b>33,180</b>	<b>6,848</b>	<b>20.64%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 1 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.

## Merced County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Fluorescent Lighting	24
Generator	5
Generator Recoil	8
Heating/Ventilation System	13
Lighting System	15
Portable Hospital Bed	80
Shelter	13
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger	25
Boots (pair)	120
Gloves	75,000
Goggles (pair)	4,544
N95 Respirator	56,660
Personal Safety Suit Kit	400
Powered Air Purifying Respirator (PAPR) Breathing Tube	25
Replacement HEPA Filter	100
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
Satellite Phone	1

# MODOC COUNTY

APPENDIX D

## Health Services

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 109,379	\$0	\$109,379
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 109,697	\$109,697	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 113,501	\$ 92,121	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 120,151	\$ 120,151	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 63,841	\$ 63,841	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$41,988	\$41,988	\$0
		<b>\$ 558,557</b>	<b>\$ 427,798</b>	<b>\$109,379</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 138,867	\$0	\$138,867
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	See NorCal Tab		
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 200,674	\$ 199,899	\$775
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 111,226	\$ 103,703	\$7,523
		<b>\$ 450,767</b>	<b>\$ 303,602</b>	<b>\$147,165</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MODOC COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.205	<b>\$57,606</b>	<b>\$0</b>	<b>\$57,606</b>
Administration	0.115			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.05			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	0.04			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$30,204</b>	<b>\$0</b>	<b>\$30,204</b>
<b>TRAVEL</b>		<b>\$754</b>	<b>\$0</b>	<b>\$754</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$1,978</b>	<b>\$0</b>	<b>\$1,978</b>
Communications				\$0
Exercises and drills		\$100		\$100
Information Technology				\$0
Laboratory				\$0
Office		\$1,028		\$1,028
Surge		\$850		\$850
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$4,750</b>	<b>\$0</b>	<b>\$4,750</b>
Provide medical consultation.		\$4,750		\$4,750
				\$0
<b>OTHER</b>		<b>\$8,327</b>	<b>\$0</b>	<b>\$8,327</b>
Communications		\$2,500		\$2,500
Supplies				\$0
Information Technology				\$0
Office		\$500		\$500
Training				\$0
Facilities		\$5,327		\$5,327
<b>INDIRECT COSTS</b>		<b>\$5,760</b>	<b>\$0</b>	<b>\$5,760</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$109,379</b>	<b>\$0</b>	<b>\$109,379</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$109,379</b>	<b>\$0</b>	<b>\$109,379</b>

**MODOC COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.298	<b>\$58,753</b>	<b>\$58,754</b>	<b>-\$1</b>
Administration	0.148			
Emergency Coordinator/BT Specialist				
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	0.15			
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist	1			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$29,716</b>	<b>\$29,716</b>	<b>\$0</b>
<b>TRAVEL</b>		<b>\$1,500</b>	<b>\$2,914</b>	<b>-\$1,414</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$3,050</b>	<b>\$1,544</b>	<b>\$1,506</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory		\$500		\$500
Office		\$2,550	\$1,544	\$1,006
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$4,627</b>	<b>\$4,256</b>	<b>\$371</b>
Provide medical consultation.		\$4,627	\$4,256	\$371
				\$0
<b>OTHER</b>		<b>\$9,731</b>	<b>\$6,638</b>	<b>\$3,093</b>
Communications		\$3,200	\$3,318	-\$118
Supplies				\$0
Information Technology				\$0
Office		\$2,905	\$235	\$2,670
Training				\$0
Facilities		\$3,626	\$3,085	\$541
<b>INDIRECT COSTS</b>		<b>\$2,320</b>	<b>\$5,875</b>	<b>-\$3,555</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$109,697</b>	<b>\$109,697</b>	<b>\$0</b>



N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$109,697</b>	<b>\$109,697</b>	<b>\$0</b>
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**MODOC COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$25,100</b>	<b>\$0</b>	<b>\$25,100</b>
Target Capability #1, Personnel	\$5,000		\$5,000
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$3,100		\$3,100
Target Capability #4, Training	\$15,100		\$15,100
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,900		\$1,900
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$13,842</b>	<b>\$0</b>	<b>\$13,842</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$13,842		\$13,842
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$39,312</b>	<b>\$0</b>	<b>\$39,312</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$39,312		\$39,312
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$42,500</b>	<b>\$0</b>	<b>\$42,500</b>
Target Capability #1, Personnel	\$8,500		\$8,500
Target Capability #2, Planning	\$8,500		\$8,500
Target Capability #3, Equipment & Systems	\$8,500		\$8,500
Target Capability #4, Training	\$8,500		\$8,500
Target Capability #5, Exercise Evaluations & Corrective Actions	\$8,500		\$8,500
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$18,113</b>	<b>\$0</b>	<b>\$18,113</b>
Target Capability #1, Personnel	\$2,025		\$2,025
Target Capability #2, Planning	\$1,275		\$1,275
Target Capability #3, Equipment & Systems	\$9,713		\$9,713
Target Capability #4, Training	\$3,540		\$3,540
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,560		\$1,560
<b>TOTAL</b>	<b>\$138,867</b>	<b>\$0</b>	<b>\$138,867</b>

## California Surge Capacity Survey Summary County of Modoc

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Modoc County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Modoc County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>53</b>	<b>73</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>53</b>	<b>73</b>
Benchmark Minimum Level of Readiness	<b>5</b>	<b>5</b>
Beds above / below BM	<b>+48</b>	<b>+68</b>
<b>OES Region III Data</b>		
Benchmark Minimum	<b>393</b>	<b>393</b>

Level of Readiness		
<b>Region Total</b>	<b>714</b>	<b>975</b>
Beds above / below BM	<b>+321</b>	<b>+582</b>
Chemical Poisoning		
<b>Modoc County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>0</b>	<b>0</b>
Beds above / below BM	<b>0</b>	<b>0</b>
<b>OES Region III Data</b>		
Benchmark Minimum Level of Readiness	<b>39</b>	<b>39</b>
<b>Region Total</b>	<b>56</b>	<b>75</b>
Beds above / below BM	<b>+17</b>	<b>+36</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Modoc County Data</b>		
Hospitals	<b>0</b>	<b>73</b>
<b>County Total</b>	<b>0</b>	<b>73</b>
Benchmark Minimum Level of Readiness	<b>0</b>	<b>0</b>
Beds above / below BM	<b>0</b>	<b>+73</b>
<b>OES Region III Data</b>		
Benchmark Minimum Level of Readiness	<b>39</b>	<b>39</b>
<b>Region Total</b>	<b>66</b>	<b>673</b>
Beds above / below BM	<b>+27</b>	<b>+634</b>
Radiation Induced Injury		
<b>Modoc County Data</b>		
Hospitals	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>0</b>	<b>0</b>
Benchmark Minimum Level of Readiness	<b>0</b>	<b>0</b>
Beds above / below BM	<b>0</b>	<b>0</b>
<b>OES Region III Data</b>		
Benchmark Minimum Level of Readiness	<b>39</b>	<b>39</b>
<b>Region Total</b>	<b>82</b>	<b>408</b>
Beds above / below BM	<b>+43</b>	<b>+369</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Modoc County Data</b>			
LHD			0
Hospitals	0	0	0
Clinics	0	0	0
<b>County Total</b>	0	0	0
<b>OES Region III Data</b>			
<b>Region Total</b>	73	13	22

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Modoc County Data</b>						
LHD	14	56	0	0	0	0
Hospitals	138	552	39	14	17	8
Clinics	27	108	41	10	14	7
<b>County Total</b>	<b>179</b>	<b>716</b>	<b>80</b>	<b>24</b>	<b>31</b>	<b>15</b>
% of Total Achieved			11.17%	3.35%	4.32%	2.09%
% of Staff Achieved			44.69%	13.41%	17.32%	8.38%
<b>OES Region III Data</b>						
<b>Region Total</b>	<b>12,290.65</b>	<b>49,162</b>	<b>4,179</b>	<b>4,268</b>	<b>12,500</b>	<b>1,508</b>
% of Total Achieved			8.5%	8.68^	25.43%	3.07%
% of Staff Achieved			34%	34.73%	101.70%	12.27%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 57 Level C, and 120 Level D complete suits available. LHDs, hospitals and clinics report that 91 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Modoc County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	57	120
Clinics	0	0	0	0
<b>County Total</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>120</b>

OES Region III Data				
<b>Regional Total</b>	33	51	470	2,959

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Modoc County Data				
LHD	0	0	0	Not measured
Hospitals	0	1	1	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	1	1	Not measured
OES Region III Data				
<b>Regional Total</b>	24	116	279	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 1 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 56 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Modoc County Data	
LHD	100
Hospitals	30
Clinics	0
<b>County Total</b>	130
OES Region III Data	
<b>Region Total</b>	14,272

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Modoc County Data	
LHD	0
Hospitals	56
Clinics	0
<b>County Total</b>	56
OES Region III Data	
<b>Region Total</b>	427

Hospitals reported a total of 0 traditional ventilators and 4 transport ventilators. Hospitals indicated that on average throughout the year, 0 or 0% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Modoc County Data				
Hospitals	0	4	0	0%
OES Region III Data				
<b>Region Total</b>	114	79	44	38.60%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The

CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Modoc County Data</b>				
LHD	0	0	0	0
Hospitals	20	13	60	39
Clinics	0	0	0	0
<b>County Total</b>	20	13	60	39
<b>OES Region III Data</b>				
<b>Region Total</b>	490	139	1,470	417

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Modoc County</b>	9,700	5	33	99
<b>OES Region III</b>	786,583	393	629	1,887

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	2
Dedicated phones	0
Fax	2
HAM radio	0
Satellite phones	0
Email	2
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	0



### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Modoc County</b>			
LHD	14	0	0%
Hospitals	138	26	18.8%
Clinics	27	0	0%
<b>County Total</b>	179	26	14.5%
<b>OES Region III</b>			
<b>Region Total</b>	2,563.3	1,874	73.10%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 2 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 1 exercises involving influenza.

## Modoc County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Boots (pair)	56
Chemical Tape	85
Coveralls (pair)	45
Gloves (pair)	108
Doff-it Kit	200
Powered Air Purifying Respirator (PAPR) Battery Charger- 5 Channel	3
Powered Air Purifying Respirator (PAPR) Breathing Tube	51
Powered Air Purifying Respirator (PAPR) Head Cover	108
Powered Air Purifying Respirator (PAPR) Battery	46
Radiation Detectors	6
Replacement HEPA Filter	46
Respirator	350
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger	3
Battery Pack	15
Butyl Hood for PAPR	38
Coveralls (each)	78
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Extension Cord	15
Generator	3
Heating/Ventilation System	3
Lighting System	3
Light Sled Kit	6
Shelter	3
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	18

**MONO COUNTY**  
**Health & Human Services**

APPENDIX D

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 112,966	\$0	\$112,966
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 113,558	\$113,558	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 118,887	\$ 118,887	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 125,252	\$ 125,252	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 85,625	\$ 85,625	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$42,764	\$42,764	\$0
		<b>\$ 599,052</b>	<b>\$ 486,086</b>	<b>\$112,966</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 140,345	\$0	\$140,345
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 137,303	\$33,486	\$103,817
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 95,331	\$ 95,331	\$0
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 117,045	\$ 99,501	\$17,544
		<b>\$ 490,024</b>	<b>\$ 228,318</b>	<b>\$261,706</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MONO COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.95	<b>\$62,369</b>	<b>\$0</b>	<b>\$62,369</b>
Administration	0.4			
Emergency Coordinator/BT Specialist	0.4			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.1			
Health Program Manager/Specialist	0.05			
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$17,173</b>	<b>\$0</b>	<b>\$17,173</b>
<b>TRAVEL</b>		<b>\$1,702</b>	<b>\$0</b>	<b>\$1,702</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$16,778</b>	<b>\$0</b>	<b>\$16,778</b>
Communications		\$3,600		\$3,600
Exercises and drills				\$0
Information Technology		\$7,500		\$7,500
Laboratory				\$0
Office		\$5,678		\$5,678
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$6,989</b>	<b>\$0</b>	<b>\$6,989</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training		\$6,989		\$6,989
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$7,954</b>	<b>\$0</b>	<b>\$7,954</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$112,965</b>	<b>\$0</b>	<b>\$112,965</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$112,965</b>	<b>\$0</b>	<b>\$112,965</b>

**MONO COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0.635	<b>\$39,357</b>	<b>\$39,357</b>	<b>\$0</b>
Administration	0.05			
Emergency Coordinator/BT Specialist	0.5			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.085			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$9,622</b>	<b>\$9,622</b>	<b>\$0</b>
<b>TRAVEL</b>		<b>\$10,955</b>	<b>\$5,496</b>	<b>\$5,459</b>
<b>EQUIPMENT</b>		<b>\$34,152</b>	<b>\$0</b>	<b>\$34,152</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge		\$34,152		\$34,152
<b>SUPPLIES</b>		<b>\$4,000</b>	<b>\$4,000</b>	<b>\$0</b>
Communications		\$500	\$500	\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$3,500	\$3,500	\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$7,059</b>	<b>\$7,059</b>	<b>\$0</b>
Communications		\$890	\$890	\$0
Supplies		\$2,705	\$2,705	\$0
Information Technology		\$3,464	\$3,464	\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$8,413</b>	<b>\$8,413</b>	<b>\$0</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$113,558</b>	<b>\$73,947</b>	<b>\$39,611</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$113,558</b>	<b>\$73,947</b>	<b>\$39,611</b>
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**MONO COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$75,852</b>	<b>\$0</b>	<b>\$75,852</b>
Target Capability #1, Personnel	\$15,000		\$15,000
Target Capability #2, Planning	\$31,788		\$31,788
Target Capability #3, Equipment & Systems	\$9,688		\$9,688
Target Capability #4, Training	\$9,688		\$9,688
Target Capability #5, Exercise Evaluations & Corrective Actions	\$9,688		\$9,688
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$1,500</b>	<b>\$0</b>	<b>\$1,500</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$1,500		\$1,500
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$49,741</b>	<b>\$0</b>	<b>\$49,741</b>
Target Capability #1, Personnel	\$9,948		\$9,948
Target Capability #2, Planning	\$9,948		\$9,948
Target Capability #3, Equipment & Systems	\$9,948		\$9,948
Target Capability #4, Training	\$9,948		\$9,948
Target Capability #5, Exercise Evaluations & Corrective Actions	\$9,948		\$9,948
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$13,251</b>	<b>\$0</b>	<b>\$13,251</b>
Target Capability #1, Personnel	\$3,742		\$3,742
Target Capability #2, Planning	\$4,807		\$4,807
Target Capability #3, Equipment & Systems	\$1,717		\$1,717
Target Capability #4, Training	\$1,492		\$1,492
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,492		\$1,492
<b>TOTAL</b>	<b>\$140,345</b>	<b>\$0</b>	<b>\$140,345</b>



**MONO COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$5,000</b>	<b>\$0</b>	<b>\$5,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$5,000		\$5,000
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$7,096</b>	<b>\$0</b>	<b>\$7,096</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$7,096		\$7,096
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$86,770</b>	<b>\$0</b>	<b>\$86,770</b>
Benchmark 2-1, Bed Capacity	\$9,345		\$9,345
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$3,000		\$3,000
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$74,425		\$74,425
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$26,145</b>	<b>\$0</b>	<b>\$26,145</b>
Benchmark 2-1, Bed Capacity	\$2,092		\$2,092
Benchmark 2-2, Isolation Capacity	\$2,092		\$2,092
Benchmark 2-5, Pharmaceutical Caches	\$2,092		\$2,092
Benchmark 2-6, Personal Protective Equipment	\$2,092		\$2,092
Benchmark 2-7, Decontamination	\$2,092		\$2,092
Benchmark 2-10, Communication and Information Technology	\$5,229		\$5,229
Benchmark 5, Education and Preparedness Training	\$5,229		\$5,229
Benchmark 6, Terrorism Preparedness Exercises	\$5,229		\$5,229
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$12,292</b>	<b>\$0</b>	<b>\$12,292</b>
Benchmark 2-1, Bed Capacity	\$1,144		\$1,144
Benchmark 2-2, Isolation Capacity	\$209		\$209
Benchmark 2-5, Pharmaceutical Caches	\$209		\$209
Benchmark 2-6, Personal Protective Equipment	\$509		\$509
Benchmark 2-7, Decontamination	\$209		\$209
Benchmark 2-10, Communication and Information Technology	\$7,965		\$7,965
Benchmark 5, Education and Preparedness Training	\$1,023		\$1,023
Benchmark 6, Terrorism Preparedness Exercises	\$1,023		\$1,023
<b>TOTAL</b>	<b>\$137,303</b>	<b>\$0</b>	<b>\$137,303</b>

## California Surge Capacity Survey Summary County of Mono

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- a. 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- b. 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- c. 50 cases per million population for patients suffering burn or trauma; and
- d. 50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.

HRSA Benchmark 2-1 requires Mono County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Mono County Data</b>		
LHD	2	0
Hospitals	33	10
Clinics	0	0
<b>County Total</b>	35	10
Benchmark Minimum Level of Readiness	7	7
Beds above / below BM	+28	+3
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	3,534	3,534

<b>Region Total</b>	<b>4,800</b>	<b>6,900</b>
Beds above / below BM	<b>+1,266</b>	<b>+3,366</b>
<b>Chemical Poisoning</b>		
<b>Mono County Data</b>		
Hospitals	<b>2</b>	<b>2</b>
<b>County Total</b>	<b>2</b>	<b>2</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+1</b>	<b>+1</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>566</b>	<b>609</b>
Beds above / below BM	<b>+213</b>	<b>+256</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Mono County Data</b>		
Hospitals	<b>2</b>	<b>15</b>
<b>County Total</b>	<b>2</b>	<b>15</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+1</b>	<b>+14</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>408</b>	<b>2,512</b>
Beds above / below BM	<b>+55</b>	<b>+2,159</b>
<b>Radiation Induced Injury</b>		
<b>Mono County Data</b>		
Hospitals	<b>7</b>	<b>15</b>
<b>County Total</b>	<b>7</b>	<b>15</b>
Benchmark Minimum Level of Readiness	<b>1</b>	<b>1</b>
Beds above / below BM	<b>+6</b>	<b>+14</b>
<b>OES Region VI Data</b>		
Benchmark Minimum Level of Readiness	<b>353</b>	<b>353</b>
<b>Region Total</b>	<b>895</b>	<b>2,745</b>
Beds above / below BM	<b>+542</b>	<b>+2,392</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Mono County Data</b>			
LHD			0
Hospitals	1	1	1
Clinics	0	0	0
<b>County Total</b>	1	1	1
<b>OES Region VI Data</b>			
<b>Region Total</b>	604	217	365

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Mono County Data</b>						
LHD	28	112	0	0	0	0
Hospitals	200	800	50	53	0	0
Clinics	0	0	0	0	0	0
County Total	228	912	50	53	0	0
% of Total Achieved			4.63%	4.08%	0.80%	4.02%
% of Staff Achieved			18.50%	16.33%	3.22%	16.09%
<b>OES Region VI Data</b>						
Region Total	112,727	563,635	20,233	15,249	10,877	8,235
% of Total Achieved			3.59%	2.71%	1.93%	1.46%
% of Staff Achieved			17.95%	13.53%	9.65%	7.31%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 20 Level C, and 0 Level D complete suits available. LHDs, hospitals and clinics report that 411 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Mono County Data</b>				
LHD	0	0	12	0
Hospitals	0	0	8	0
Clinics	0	0	0	0

<b>County Total</b>	0	0	20	0
<b>OES Region VI Data</b>				
<b>Regional Total</b>	171	181	1,685	37,788

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Mono County Data</b>				
LHD	0	0	0	Not measured
Hospitals	2	2	24	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	2	2	24	Not measured
<b>OES Region VI Data</b>				
<b>Regional Total</b>	241	305	2,204	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 24 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .33 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Mono County Data</b>	
LHD	100
Hospitals	1,800
Clinics	60
<b>County Total</b>	1,960
<b>OES Region VI Data</b>	
<b>Region Total</b>	96,957

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Mono County Data</b>	
LHD	0
Hospitals	8
Clinics	0
<b>County Total</b>	8
<b>OES Region VI Data</b>	
<b>Region Total</b>	1,905

Hospitals reported a total of 2 traditional ventilators and 2 transport ventilators. Hospitals indicated that on average throughout the year, 1 or 50% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
<b>Mono County Data</b>				
Hospitals	2	2	1	50.00%
<b>OES Region VI Data</b>				
<b>Region Total</b>	1,068	933	600	56.18%

#### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The

CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Mono County Data</b>				
LHD	0	0	0	0
Hospitals	8	4	24	12
Clinics	6	2	18	6
<b>County Total</b>	14	6	42	18
<b>OES Region VI Data</b>				
<b>Region Total</b>	2,568	843	7,839	2,529

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Mono County</b>	13,563	7	20	60
<b>OES Region VI</b>	7,068,437	3,535	3,456	10,368

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS included a matrix asking LHDs, hospitals and clinics to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All entities surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	1
Dedicated phones	1
Fax	1
HAM radio	0
Satellite phones	1
Email	0
800 MHz radios	0
Fiber optics	0
Microwave radio	0
Health Alert Network	1

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Mono County</b>			
LHD	28	20	71.43%
Hospitals	200	32	16.00%
Clinics	0	0	0%
<b>County Total</b>	228	52	22.81%
<b>OES Region VI</b>			
<b>Region Total</b>	112,727	35,028	31.07%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 41 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercises involving influenza.



## Mono County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Outdoor Isolation Shelter w/HEPA Filtration System	1
Oxygen Manifold	1

# MONTEREY COUNTY

APPENDIX D

## Health Department

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 505,104	\$0	\$505,104
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 524,958	\$524,958	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 784,973	\$ 784,973	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 720,703	\$ 720,703	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 523,918	\$ 523,918	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$125,065	\$125,065	\$0
		<b>\$ 3,184,721</b>	<b>\$ 2,679,617</b>	<b>\$505,104</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 302,009	\$0	\$302,009
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 363,910	\$116,640	\$247,270
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 409,121	\$ 409,112	\$9
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 421,045	\$ 357,428	\$63,617
		<b>\$ 1,496,085</b>	<b>\$ 883,180</b>	<b>\$612,905</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**MONTEREY COUNTY**  
**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.75	<b>\$239,368</b>	<b>\$0</b>	<b>\$239,368</b>
Administration	0.7			
Emergency Coordinator/BT Specialist	0.9			
Environmental Scientist				
Epidemiologist/Biostatistician	0.2			
Health Educator	0.65			
Health Officer/Public Health Medical Officer	0.25			
Health Program Manager/Specialist	0.5			
Information Technology	0.5			
Microbiologists				
Pharmacist				
Public Health Nurse	0.05			
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Dir-PH Lab)				
<b>FRINGE BENEFITS</b>		<b>\$103,821</b>	<b>\$0</b>	<b>\$103,821</b>
<b>TRAVEL</b>		<b>\$11,815</b>	<b>\$0</b>	<b>\$11,815</b>
<b>EQUIPMENT</b>		<b>\$6,500</b>	<b>\$0</b>	<b>\$6,500</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$6,500		\$6,500
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$35,263</b>	<b>\$0</b>	<b>\$35,263</b>
Communications				\$0
Exercises and drills		\$10,510		\$10,510
Information Technology		\$4,875		\$4,875
Laboratory				\$0
Office		\$14,378		\$14,378
Surge		\$5,500		\$5,500
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$38,000</b>	<b>\$0</b>	<b>\$38,000</b>
Develop county BT Response Plan.		\$10,000		\$10,000
Conduct exercise.		\$2,500		\$2,500
Conduct exercise.		\$10,000		\$10,000
Develop a comprehensive disaster plan for Health Department.		\$3,000		\$3,000
Develop a county PanFlu Response Plan.		\$10,000		\$10,000
Coordinate exercise.		\$2,500		\$2,500
				\$0
<b>OTHER</b>		<b>\$37,111</b>	<b>\$0</b>	<b>\$37,111</b>
Communications		\$5,970		\$5,970
Supplies				\$0
Information Technology		\$6,000		\$6,000
Office		\$22,300		\$22,300
Training				\$0
Facilities		\$2,841		\$2,841
<b>INDIRECT COSTS</b>		<b>\$33,226</b>	<b>\$0</b>	<b>\$33,226</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$505,104</b>	<b>\$0</b>	<b>\$505,104</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL CDC GRANT FUNDING</b>		<b>\$505,104</b>	<b>\$0</b>	<b>\$505,104</b>

**MONTEREY COUNTY**

**CDC Grant Budget/Expenditures**

**Grant Period August 31, 2005 through August 30, 2006**

**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	3.75	<b>\$279,081</b>	<b>\$263,196</b>	<b>\$15,885</b>
Administration	0.75			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator	1			
Health Officer/Public Health Medical Officer	0.5			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Dir-PH Lab)	0.5			
<b>FRINGE BENEFITS</b>		<b>\$119,179</b>	<b>\$114,969</b>	<b>\$4,210</b>
<b>TRAVEL</b>		<b>\$21,526</b>	<b>\$5,587</b>	<b>\$15,939</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$60,642</b>	<b>-\$60,642</b>
Communications				\$0
Exercises and drills				\$0
Information Technology			\$60,642	-\$60,642
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$11,950</b>	<b>\$3,465</b>	<b>\$8,485</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$4,250	\$289	\$3,961
Laboratory				\$0
Office		\$5,950	\$3,176	\$2,774
Surge		\$1,750	\$0	\$1,750
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$17,450</b>	<b>\$920</b>	<b>\$16,530</b>
Train community & staff on public health emergency preparedness.		\$13,000	\$0	\$13,000
Train on preserving evidence for law and fire.		\$4,450	\$0	\$4,450
Provide consultation on Bioterrorism program.		\$0	\$920	-\$920
				\$0
<b>OTHER</b>		<b>\$35,946</b>	<b>\$38,362</b>	<b>-\$2,416</b>
Communications		\$5,650	\$10,359	-\$4,709
Supplies				\$0
Information Technology		\$16,946	\$24,431	-\$7,485
Office		\$6,000	\$179	\$5,821
Training		\$5,000	\$1,589	\$3,411
Facilities		\$2,350	\$1,804	\$546
<b>INDIRECT COSTS</b>		<b>\$39,826</b>	<b>\$37,817</b>	<b>\$2,009</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$524,958</b>	<b>\$524,958</b>	<b>\$0</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
FRINGE BENEFITS				\$0
TRAVEL				\$0
EQUIPMENT		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
SUPPLIES		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
CONTRACTUAL <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
OTHER		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
INDIRECT COSTS				\$0
TOTAL CRI FUNDING		\$0	\$0	\$0

TOTAL CDC GRANT FUNDING	\$524,958	\$524,958	\$0
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**MONTEREY COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$21,075</b>	<b>\$0</b>	<b>\$21,075</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$14,075		\$14,075
Target Capability #5, Exercise Evaluations & Corrective Actions	\$7,000		\$7,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$174,349</b>	<b>\$0</b>	<b>\$174,349</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$171,120		\$171,120
Target Capability #4, Training	\$2,475		\$2,475
Target Capability #5, Exercise Evaluations & Corrective Actions	\$754		\$754
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$67,195</b>	<b>\$0</b>	<b>\$67,195</b>
Target Capability #1, Personnel	\$36,490		\$36,490
Target Capability #2, Planning	\$11,117		\$11,117
Target Capability #3, Equipment & Systems	\$5,853		\$5,853
Target Capability #4, Training	\$8,934		\$8,934
Target Capability #5, Exercise Evaluations & Corrective Actions	\$4,801		\$4,801
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$39,390</b>	<b>\$0</b>	<b>\$39,390</b>
Target Capability #1, Personnel	\$5,473		\$5,473
Target Capability #2, Planning	\$1,667		\$1,667
Target Capability #3, Equipment & Systems	\$26,546		\$26,546
Target Capability #4, Training	\$3,822		\$3,822
Target Capability #5, Exercise Evaluations & Corrective Actions	\$1,882		\$1,882
<b>TOTAL</b>	<b>\$302,009</b>	<b>\$0</b>	<b>\$302,009</b>

**MONTEREY COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$23,000</b>	<b>\$0</b>	<b>\$23,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$23,000		\$23,000
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$64,364</b>	<b>\$27,912</b>	<b>\$36,452</b>
Benchmark 2-1, Bed Capacity	\$9,000	\$2,102	\$6,898
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$36,320	\$16,265	\$20,055
Benchmark 2-6, Personal Protective Equipment	\$19,044	\$9,545	\$9,499
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$189,384</b>	<b>\$0</b>	<b>\$189,384</b>
Benchmark 2-1, Bed Capacity	\$28,957		\$28,957
Benchmark 2-2, Isolation Capacity	\$147,000		\$147,000
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$3,000		\$3,000
Benchmark 2-10, Communication and Information Technology	\$4,427		\$4,427
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$6,000		\$6,000
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$25,000		\$25,000
Benchmark 6, Terrorism Preparedness Exercises	\$25,000		\$25,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$37,162</b>	<b>\$0</b>	<b>\$37,162</b>
Benchmark 2-1, Bed Capacity	\$5,694		\$5,694
Benchmark 2-2, Isolation Capacity	\$22,050		\$22,050
Benchmark 2-5, Pharmaceutical Caches	\$5,448		\$5,448
Benchmark 2-6, Personal Protective Equipment	\$2,857		\$2,857
Benchmark 2-7, Decontamination	\$450		\$450
Benchmark 2-10, Communication and Information Technology	\$664		\$664
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>TOTAL</b>	<b>\$363,910</b>	<b>\$27,912</b>	<b>\$335,998</b>



## California Surge Capacity Survey Summary County of Monterey

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Monterey County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Monterey County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>233</b>	<b>244</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>233</b>	<b>244</b>
Benchmark Minimum Level of Readiness	<b>213</b>	<b>213</b>
Beds above / below BM	<b>+20</b>	<b>+31</b>
<b>OES Region II Data</b>		
Benchmark Minimum	<b>4,076</b>	<b>4,076</b>

Level of Readiness		
<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
Chemical Poisoning		
<b>Monterey County Data</b>		
Hospitals	<b>76</b>	<b>68</b>
<b>County Total</b>	<b>76</b>	<b>68</b>
Benchmark Minimum Level of Readiness	<b>21</b>	<b>21</b>
Beds above / below BM	<b>+55</b>	<b>+47</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
Trauma and Burn		
<b>Monterey County Data</b>		
Hospitals	<b>54</b>	<b>212</b>
<b>County Total</b>	<b>54</b>	<b>212</b>
Benchmark Minimum Level of Readiness	<b>21</b>	<b>21</b>
Beds above / below BM	<b>+33</b>	<b>+191</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
Radiation Induced Injury		
<b>Monterey County Data</b>		
Hospitals	<b>111</b>	<b>212</b>
<b>County Total</b>	<b>111</b>	<b>212</b>
Benchmark Minimum Level of Readiness	<b>21</b>	<b>21</b>
Beds above / below BM	<b>+90</b>	<b>+191</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Monterey County Data</b>			
LHD			0
Hospitals	25	21	37
Clinics	0	0	0
<b>County Total</b>	25	21	37
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Monterey County Data</b>						
LHD	811	3,244	0	0	0	0
Hospitals	5,900	23,600	92	89	78	337
Clinics	0	0	0	0	0	0
County Total	6,711	26,844	92	89	78	337
% of Total Achieved			.34%	.33%	.29%	1.26%
% of Staff Achieved			1.37%	1.33%	1.16%	5.02%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 0 Level A, 0 Level B, 36 Level C, and 900 Level D complete suits available. LHDs, hospitals and clinics report that 1,400 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Monterey County Data</b>				
LHD	0	0	0	0

Hospitals	0	0	36	900
Clinics	0	0	0	0
<b>County Total</b>	0	0	36	900
OES Region II Data				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Monterey County Data				
LHD	0	0	0	Not measured
Hospitals	0	0	44	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	0	0	44	Not measured
OES Region II Data				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 44 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .82 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Monterey County Data	
LHD	0
Hospitals	2,000
Clinics	0
<b>County Total</b>	2,000
OES Region II Data	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Monterey County Data	
LHD	0
Hospitals	36
Clinics	0
<b>County Total</b>	36
OES Region II Data	
<b>Region Total</b>	1,723

Hospitals reported a total of 49 traditional ventilators and 10 transport ventilators. Hospitals indicated that on average throughout the year, 12 or 24.49% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Monterey County Data				
Hospitals	49	10	12	24.49%
OES Region II Data				
<b>Region Total</b>	1,233	1,256	631.66	51.23%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a**

**chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Monterey County Data</b>				
LHD	0	0	0	0
Hospitals	132	66	396	198
Clinics	0	0	0	0
<b>County Total</b>	132	66	396	198
<b>OES Region II Data</b>				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Monterey County</b>	425,102	213	198	594
<b>OES Region II</b>	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	4
Dedicated phones	0
Fax	4
HAM radio	4
Satellite phones	1
Email	4
800 MHz radios	3
Fiber optics	0
Microwave radio	0
Health Alert Network	2

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
Monterey County			
LHD	811	50	6.17%
Hospitals	5,900	1,101	18.66%
Clinics	0	0	0%
County Total	6,711	1,151	17.15%
OES Region II			
Region Total	147,953.4	16,003	10.82%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 3 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 3 exercises involving influenza.

## Monterey County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Generator Recoil	10
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	330
Doxycycline	600
Gentamic	350
Levaquin	300
Sulfamethoxazole/Trimethoprim	300
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery pack	50
Charger (5-place)	10
Gloves (pair)	72
Overshoe Boot (pair)	7
Replacement Filter Cartridge for PAPR	20
Respirator Filter Cartridges	60
Respirator Fit Tester	4
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Respirator Fit Tester	1



# NAPA COUNTY

APPENDIX D

## Health & Human Services

As of December 31, 2006

		<b>Grant Amount</b>	<b>Total Paid *</b>	<b>Balance</b>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 228,198	\$0	\$228,198
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 233,249	\$233,249	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 349,530	\$ 349,530	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 358,248	\$ 358,248	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 201,731	\$ 201,731	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$66,132	\$66,132	\$0
		<b>\$ 1,437,088</b>	<b>\$ 1,208,890</b>	<b>\$228,198</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<b>Grant Amount</b>	<b>Total Paid</b>	<b>Balance</b>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 187,851	\$0	\$187,851
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 206,777	\$63,301	\$143,476
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 236,149	\$ 218,379	\$17,770
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 197,470	\$ 197,470	\$0
		<b>\$ 828,247</b>	<b>\$ 479,150</b>	<b>\$349,097</b>

**HRSA Grant Amount for 2006/07 and 2005/06** is based on the allocation awarded to the local entity. **Grant Amounts for 2004/05 and 2003/04** are based on final budgets at the close of the grant period. **Total Paid** is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. **Balance** is sum of Grant Amount less Total Paid.

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.

**NAPA COUNTY**

**Proposed CDC Grant Budget/Expenditures  
Grant Period August 31, 2006 through August 30, 2007  
As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.75	<b>\$101,231</b>	<b>\$0</b>	<b>\$101,231</b>
Administration	1			
Emergency Coordinator/BT Specialist	0.75			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$31,623</b>	<b>\$0</b>	<b>\$31,623</b>
<b>TRAVEL</b>		<b>\$4,704</b>	<b>\$0</b>	<b>\$4,704</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$29,520</b>	<b>\$0</b>	<b>\$29,520</b>
Communications		\$3,000		\$3,000
Exercises and drills		\$9,000		\$9,000
Information Technology				\$0
Laboratory				\$0
Office		\$17,520		\$17,520
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$51,000</b>	<b>\$0</b>	<b>\$51,000</b>
Write public health emergency plans.		\$28,000		\$28,000
Plan and execute SNS exercises.		\$18,000		\$18,000
Train for public health emergency preparedness and NIMS.		\$5,000		\$5,000
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$10,122</b>	<b>\$0</b>	<b>\$10,122</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$228,200</b>	<b>\$0</b>	<b>\$228,200</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	0			<b>\$0</b>
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				<b>\$0</b>
<b>TRAVEL</b>				<b>\$0</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				<b>\$0</b>
<b>TOTAL CRI FUNDING</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$228,200</b>	<b>\$0</b>	<b>\$228,200</b>
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**NAPA COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.75	<b>\$78,646</b>	<b>\$68,159</b>	<b>\$10,487</b>
Administration	1			
Emergency Coordinator/BT Specialist				
Environmental Scientist				
Epidemiologist/Biostatistician	0.75			
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$27,525</b>	<b>\$26,419</b>	<b>\$1,106</b>
<b>TRAVEL</b>		<b>\$11,238</b>	<b>\$6,099</b>	<b>\$5,139</b>
<b>EQUIPMENT</b>		<b>\$19,200</b>	<b>\$6,575</b>	<b>\$12,625</b>
Communications				\$0
Exercises and drills				\$0
Information Technology		\$1,200	\$506	\$694
Laboratory				\$0
Surge		\$18,000	\$6,069	\$11,931
<b>SUPPLIES</b>		<b>\$4,062</b>	<b>\$4,341</b>	<b>-\$279</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$4,062	\$4,341	-\$279
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$55,500</b>	<b>\$43,743</b>	<b>\$11,757</b>
Store BT supplies and equipment		\$13,500	\$23,329	-\$9,829
Coordinate BT program.		\$40,000	\$20,414	\$19,586
Regional website costs.		\$2,000	\$0	\$2,000
				\$0
<b>OTHER</b>		<b>\$26,460</b>	<b>\$10,326</b>	<b>\$16,134</b>
Communications		\$2,160	\$3,897	-\$1,737
Supplies		\$11,000	\$791	\$10,209
Information Technology		\$4,300	\$2,979	\$1,321
Office		\$3,000	\$0	\$3,000
Training		\$6,000	\$2,659	\$3,341
Facilities				\$0
<b>INDIRECT COSTS</b>		<b>\$10,617</b>	<b>\$9,457</b>	<b>\$1,160</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$233,248</b>	<b>\$175,119</b>	<b>\$58,129</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$233,248</b>	<b>\$175,119</b>	<b>\$58,129</b>
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**NAPA COUNTY**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$113,500</b>	<b>\$0</b>	<b>\$113,500</b>
Target Capability #1, Personnel	\$30,000		\$30,000
Target Capability #2, Planning	\$20,000		\$20,000
Target Capability #3, Equipment & Systems	\$10,000		\$10,000
Target Capability #4, Training	\$34,500		\$34,500
Target Capability #5, Exercise Evaluations & Corrective Actions	\$19,000		\$19,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$23,000</b>	<b>\$0</b>	<b>\$23,000</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$23,000		\$23,000
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$26,850</b>	<b>\$0</b>	<b>\$26,850</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning	\$26,430		\$26,430
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$420		\$420
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$24,503</b>	<b>\$0</b>	<b>\$24,503</b>
Target Capability #1, Personnel	\$4,500		\$4,500
Target Capability #2, Planning	\$6,965		\$6,965
Target Capability #3, Equipment & Systems	\$4,950		\$4,950
Target Capability #4, Training	\$5,238		\$5,238
Target Capability #5, Exercise Evaluations & Corrective Actions	\$2,850		\$2,850
<b>TOTAL</b>	<b>\$187,853</b>	<b>\$0</b>	<b>\$187,853</b>

**NAPA COUNTY**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$57,520</b>	<b>\$0</b>	<b>\$57,520</b>
Benchmark 2-1, Bed Capacity	\$0		\$0
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$11,520		\$11,520
Benchmark 5, Education and Preparedness Training	\$26,000		\$26,000
Benchmark 6, Terrorism Preparedness Exercises	\$20,000		\$20,000
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$46,200</b>	<b>\$23,157</b>	<b>\$23,043</b>
Benchmark 2-1, Bed Capacity	\$17,974		\$17,974
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$21,792	\$23,157	-\$1,365
Benchmark 2-6, Personal Protective Equipment	\$2,184		\$2,184
Benchmark 2-7, Decontamination	\$3,656		\$3,656
Benchmark 2-10, Communication and Information Technology	\$0		\$0
Benchmark 5, Education and Preparedness Training	\$594		\$594
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$26,086</b>	<b>\$0</b>	<b>\$26,086</b>
Benchmark 2-1, Bed Capacity	\$12,140		\$12,140
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$516		\$516
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$3,050		\$3,050
Benchmark 5, Education and Preparedness Training	\$4,000		\$4,000
Benchmark 6, Terrorism Preparedness Exercises	\$6,380		\$6,380
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>
Benchmark 2-1, Bed Capacity	\$20,000		\$20,000
Benchmark 2-2, Isolation Capacity	\$2,500		\$2,500
Benchmark 2-5, Pharmaceutical Caches	\$10,000		\$10,000
Benchmark 2-6, Personal Protective Equipment	\$2,500		\$2,500
Benchmark 2-7, Decontamination	\$2,500		\$2,500
Benchmark 2-10, Communication and Information Technology	\$2,500		\$2,500
Benchmark 5, Education and Preparedness Training	\$5,000		\$5,000
Benchmark 6, Terrorism Preparedness Exercises	\$5,000		\$5,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$26,971</b>	<b>\$0</b>	<b>\$26,971</b>
Benchmark 2-1, Bed Capacity	\$7,517		\$7,517
Benchmark 2-2, Isolation Capacity	\$375		\$375
Benchmark 2-5, Pharmaceutical Caches	\$4,769		\$4,769
Benchmark 2-6, Personal Protective Equipment	\$780		\$780
Benchmark 2-7, Decontamination	\$923		\$923
Benchmark 2-10, Communication and Information Technology	\$2,561		\$2,561
Benchmark 5, Education and Preparedness Training	\$5,339		\$5,339
Benchmark 6, Terrorism Preparedness Exercises	\$4,707		\$4,707
<b>TOTAL</b>	<b>\$206,777</b>	<b>\$23,157</b>	<b>\$183,620</b>

## California Surge Capacity Survey Summary County of Napa

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Napa County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Napa County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>38</b>	<b>35</b>
Clinics	<b>0</b>	<b>0</b>
<b>County Total</b>	<b>38</b>	<b>35</b>
Benchmark Minimum Level of Readiness	<b>67</b>	<b>67</b>
Beds above / below BM	<b>-29</b>	<b>-32</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>4,076</b>	<b>4,076</b>



<b>Region Total</b>	<b>4,253</b>	<b>5,853</b>
Beds above / below BM	<b>+177</b>	<b>+1,777</b>
<b>Chemical Poisoning</b>		
<b>Napa County Data</b>		
Hospitals	<b>4</b>	<b>2</b>
<b>County Total</b>	<b>4</b>	<b>2</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>-3</b>	<b>-5</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>947</b>	<b>864</b>
Beds above / below BM	<b>+539</b>	<b>+456</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Napa County Data</b>		
Hospitals	<b>7</b>	<b>69</b>
<b>County Total</b>	<b>7</b>	<b>69</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>0</b>	<b>+62</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>526</b>	<b>3,853</b>
Beds above / below BM	<b>+118</b>	<b>+3,445</b>
<b>Radiation Induced Injury</b>		
<b>Napa County Data</b>		
Hospitals	<b>11</b>	<b>50</b>
<b>County Total</b>	<b>11</b>	<b>50</b>
Benchmark Minimum Level of Readiness	<b>7</b>	<b>7</b>
Beds above / below BM	<b>+4</b>	<b>+43</b>
<b>OES Region II Data</b>		
Benchmark Minimum Level of Readiness	<b>408</b>	<b>408</b>
<b>Region Total</b>	<b>938</b>	<b>3,187</b>
Beds above / below BM	<b>+530</b>	<b>+2,779</b>

### **Critical Benchmark 2-2: Isolation Capacity**

**Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.**

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Napa County Data</b>			
LHD			0
Hospitals	30	2	6
Clinics	0	0	0
<b>County Total</b>	30	2	6
<b>OES Region II Data</b>			
<b>Region Total</b>	771	278	320

### **Critical Benchmark 2-5: Pharmaceutical Caches**

**Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.**

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Napa County Data</b>						
LHD	58	232	0	0	0	0
Hospitals	4,798	19,192	506	497	155	367
Clinics	267	1,068	467	108	200	20
County Total	5,123	20,492	973	605	355	387
% of Total Achieved			4.75%	2.95%	1.73%	1.89%
% of Staff Achieved			18.99%	11.81%	6.93%	7.55%
<b>OES Region II Data</b>						
Region Total	148,218.4	603,874	70,538	203,746	128,276	6,873
% of Total Achieved			12.82%	33.74%	21.24%	1.14%
% of Staff Achieved			47.59%	137.46%	86.55%	4.64%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level of PPE. Survey data show that there are 4 Level A, 4 Level B, 54 Level C, and 850 Level D complete suits available. LHDs, hospitals and clinics report that 1,843 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Napa County Data</b>				
LHD	0	0	0	0
Hospitals	0	0	50	850

Clinics	4	4	4	0
<b>County Total</b>	4	4	54	850
OES Region II Data				
<b>Regional Total</b>	67	142	3,882	25,741

Number of Staff Trained				
	Level A	Level B	Level C	Level D
Napa County Data				
LHD	0	0	3	Not measured
Hospitals	0	0	526	Not measured
Clinics	4	4	4	Not measured
<b>County Total</b>	4	4	533	Not measured
OES Region II Data				
<b>Regional Total</b>	135	214	2,012	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 533 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly .10 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
Napa County Data	
LHD	220
Hospitals	1,516
Clinics	148
<b>County Total</b>	1,884
OES Region II Data	
<b>Region Total</b>	124,709

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
Napa County Data	
LHD	0
Hospitals	50
Clinics	4
<b>County Total</b>	54
OES Region II Data	
<b>Region Total</b>	1,723

Hospitals reported a total of 32 traditional ventilators and 14 transport ventilators. Hospitals indicated that on average throughout the year, 12 or 37.5% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Napa County Data				
Hospitals	32	14	12	37.5%
OES Region II Data				
Region Total	1,233	1,256	631.66	51.23%

#### **Critical Benchmark 2-7: Decontamination**

Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
<b>Napa County Data</b>				
LHD	0	0	0	0
Hospitals	30	12	90	36
Clinics	0	0	0	0
<b>County Total</b>	30	12	90	36
<b>OES Region II Data</b>				
<b>Region Total</b>	2,192	747	6,576	2,241

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
<b>Napa County</b>	133,294	67	42	126
<b>OES Region II</b>	8,152,972	4,078	2,939	8,817

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b>Communication Technology</b>	<b>Number Reported</b>
Phones	4
Dedicated phones	1
Fax	4
HAM radio	1
Satellite phones	4
Email	4
800 MHz radios	1
Fiber optics	1
Microwave radio	1
Health Alert Network	0

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	Number of Personnel	Number of Staff Trained	% of Staff Trained
<b>Napa County</b>			
LHD	58	58	100%
Hospitals	4,798	925	19.28%
Clinics	267	0	0%
<b>County Total</b>	5,123	983	19.19%
<b>OES Region II</b>			
<b>Region Total</b>	147,953.4	16,003	10.82%

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 4 on exercises involving an explosive device. The 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 0 exercise(s) involving influenza.

## Napa County

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Blankets	158
Casualty Management Shelter	3
Cots	10
Evacuation Chair	13
Fluorescent lights	18
Generator	2
Generator Recoil	3
Inline Heater	3
Locking Rear Handles for Evacuation Chair	10
Stretcher	3
Triage Tags	100
Training Video for Evacuation Chair	2
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	22,242
Ciproflaxacin	8,333
Doxycycline	8,633
Gentamic	250
Levaquin	150
Sulfamethoxazole/Trimethoprim	300
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Battery Charger (5-channel)	30
Coveralls (each)	96
Powered Air Purifying Respirator (PAPR)	74
Powered Air Purifying Respirator (PAPR) Training Filters	1,728
Rechargeable Battery	30
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
Litter Conveyor	2
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	6
Satellite Phone	8

**NEVADA COUNTY**  
**Human Services Agency**

APPENDIX D

As of December 31, 2006

		<u>Grant Amount</u>	<u>Total Paid *</u>	<u>Balance</u>
<b>2006/07</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 195,417	\$0	\$195,417
<b>2005/06</b>	Centers for Disease Control and Prevention Public Health Emergency Preparedness Program	\$ 198,922	\$198,922	\$0
<b>2004/05</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 327,948	\$ 327,948	\$0
<b>2003/04</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 229,616	\$ 229,616	\$0
<b>2002/03</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$ 137,795	\$ 137,795	\$0
<b>2001/02</b>	Centers for Disease Control and Prevention - Public Health Preparedness & Emergency Response for Bioterrorism	\$59,465	\$59,465	\$0
		<b>\$ 1,149,163</b>	<b>\$ 953,746</b>	<b>\$195,417</b>

**CDC Grant Amount** is the allocation awarded to the LHD. **CDC Total Paid** amount is the amount of quarterly payments issued to the LHD during the grant period. **Balance** is a sum of Grant Amount less Total Paid.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	See Sierra Sac Valley		
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	See Sierra Sac Valley		
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	See Sierra Sac Valley		
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	See Sierra Sac Valley		
		<b>\$ -</b>	<b>\$ -</b>	<b>\$0</b>

\* Health and Safety Code Section 101317 specifies quarterly payments of CDC Cooperative Agreement funds to LHDs on their submission of signed application documents, workplans and budget. Figures reflect amounts paid by CDHS to LHDs.



**NEVADA COUNTY**

**Proposed CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2006 through August 30, 2007**  
**As of December 31, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended / Obligated*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	<b>1</b>	<b>\$63,399</b>	<b>\$0</b>	<b>\$63,399</b>
Administration	0.15			
Emergency Coordinator/BT Specialist	0.85			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer				
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$31,033</b>	<b>\$0</b>	<b>\$31,033</b>
<b>TRAVEL</b>		<b>\$6,865</b>	<b>\$0</b>	<b>\$6,865</b>
<b>EQUIPMENT</b>		<b>\$9,023</b>	<b>\$0</b>	<b>\$9,023</b>
Communications		\$840		\$840
Exercises and drills		\$400		\$400
Information Technology		\$7,783		\$7,783
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$8,508</b>	<b>\$0</b>	<b>\$8,508</b>
Communications				\$0
Exercises and drills		\$1,000		\$1,000
Information Technology				\$0
Laboratory				\$0
Office		\$850		\$850
Surge		\$6,658		\$6,658
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$46,746</b>	<b>\$0</b>	<b>\$46,746</b>
Assist in planning, organizing, and implementing BT activities.		\$12,500		\$12,500
Develop communicable disease surveillance and electronic reporting system.		\$17,500		\$17,500
Conduct training in collaboration with community agencies.		\$5,000		\$5,000
Collaborate with community agencies in planning activities for pandemic flu.		\$11,746		\$11,746
				\$0
<b>OTHER</b>		<b>\$20,400</b>	<b>\$0</b>	<b>\$20,400</b>
Communications		\$2,000		\$2,000
Supplies				\$0
Information Technology				\$0
Office		\$8,900		\$8,900
Training		\$8,000		\$8,000
Facilities		\$1,500		\$1,500
<b>INDIRECT COSTS</b>		<b>\$9,443</b>	<b>\$0</b>	<b>\$9,443</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$195,417</b>	<b>\$0</b>	<b>\$195,417</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
<b>PERSONNEL</b>	<b>Total FTE</b>			
<i>Classifications</i>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0
<b>TOTAL CDC GRANT FUNDING</b>		\$195,417	\$0	\$195,417

**NEVADA COUNTY**

**CDC Grant Budget/Expenditures**  
**Grant Period August 31, 2005 through August 30, 2006**  
**Expenditures As of August 30, 2006**

\*Amount Budgeted and Amount Expended/Obligated as reported by the LHD and may vary from actual award.

<b>CDC BASE AND LAB FUNDING</b>				
<b>Budget Category</b>		<b>Amount Budgeted*</b>	<b>Amount Expended/Obligated Through 8/30/06*</b>	<b>Balance</b>
<b>PERSONNEL</b>	<b>Total FTE</b>			
<b>Classifications</b>	1.55	<b>\$103,887</b>	<b>\$86,517</b>	<b>\$17,370</b>
Administration	0.35			
Emergency Coordinator/BT Specialist	1			
Environmental Scientist				
Epidemiologist/Biostatistician				
Health Educator				
Health Officer/Public Health Medical Officer	0.2			
Health Program Manager/Specialist				
Information Technology				
Microbiologists				
Pharmacist				
Public Health Nurse				
Research Analyst				
Warehouse Worker/Buyer/Storekeeper				
Other (Exercise/AOC Staff)				
<b>FRINGE BENEFITS</b>		<b>\$47,702</b>	<b>\$44,049</b>	<b>\$3,653</b>
<b>TRAVEL</b>		<b>\$5,000</b>	<b>\$1,161</b>	<b>\$3,839</b>
<b>EQUIPMENT</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		<b>\$5,702</b>	<b>\$5,702</b>	<b>\$0</b>
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office		\$1,000	\$599	\$401
Surge		\$4,702	\$5,103	-\$401
Warehouse				\$0
<b>CONTRACTUAL Description</b>		<b>\$17,500</b>	<b>\$15,513</b>	<b>\$1,987</b>
Plan BT activities.		\$17,500	\$15,513	\$1,987
				\$0
<b>OTHER</b>		<b>\$14,095</b>	<b>\$24,138</b>	<b>-\$10,043</b>
Communications		\$1,800	\$2,804	-\$1,004
Supplies				\$0
Information Technology				\$0
Office		\$11,295	\$20,799	-\$9,504
Training				\$0
Facilities		\$1,000	\$535	\$465
<b>INDIRECT COSTS</b>		<b>\$6,536</b>	<b>\$13,594</b>	<b>-\$7,058</b>
<b>TOTAL CDC BASE/LAB FUNDING</b>		<b>\$200,422</b>	<b>\$190,674</b>	<b>\$9,748</b>

N/A

CDC CITIES READINESS INITIATIVE (CRI) FUNDING				
PERSONNEL	Total FTE			
<b>Classifications</b>	0			\$0
Program Supervisor				
Staff Specialist				
<b>FRINGE BENEFITS</b>				\$0
<b>TRAVEL</b>				\$0
<b>EQUIPMENT</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Surge				\$0
<b>SUPPLIES</b>		\$0	\$0	\$0
Communications				\$0
Exercises and drills				\$0
Information Technology				\$0
Laboratory				\$0
Office				\$0
Surge				\$0
Warehouse				\$0
<b>CONTRACTUAL</b> <i>Description</i>		\$0	\$0	\$0
				\$0
				\$0
<b>OTHER</b>		\$0	\$0	\$0
Communications				\$0
Supplies				\$0
Information Technology				\$0
Office				\$0
Training				\$0
Facilities				\$0
<b>INDIRECT COSTS</b>				\$0
<b>TOTAL CRI FUNDING</b>		\$0	\$0	\$0

<b>TOTAL CDC GRANT FUNDING</b>	<b>\$200,422</b>	<b>\$190,674</b>	<b>\$9,748</b>
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## California Surge Capacity Survey Summary County of Nevada (Sierra/Sac)

In February 2006, the California Department of Health Services (CDHS) undertook a major statewide project to assess healthcare surge capacity among participants in the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program. This project was undertaken because analysis of previously collected surge capacity data demonstrated inconsistencies in definitions and assumptions. The goal of the project was to determine California's status relative to HRSA surge capacity benchmarks and to identify other relevant gaps in California's surge capacity that extended beyond the HRSA benchmarks. The following information is a summary of this particular local entity's response to the surge capacity survey.

### Survey Findings by HRSA Benchmark

#### Benchmark 2-1: Surge Beds

**Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:**

- a. **500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;**
- b. **50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;**
- c. **50 cases per million population for patients suffering burn or trauma; and**
- d. **50 cases per million population for patients manifesting the symptoms of radiation-induced injury – especially bone marrow suppression.**

HRSA Benchmark 2-1 requires Nevada (Sierra/Sac) County to have the capacity to triage, treat, and initially stabilize the following numbers of surge patients based on current population:

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Acute Infectious Disease</b>		
<b>Nevada (Sierra/Sac) County Data</b>		
LHD	<b>0</b>	<b>0</b>
Hospitals	<b>196</b>	<b>217</b>
Clinics	<b>166</b>	<b>186</b>
<b>County Total</b>	<b>362</b>	<b>403</b>
Benchmark Minimum	<b>49</b>	<b>49</b>

Level of Readiness		
Beds above / below BM	<b>+313</b>	<b>+354</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>1,718</b>	<b>1,718</b>
<b>Region Total</b>	<b>2,156</b>	<b>2,875</b>
Beds above / below BM	<b>+438</b>	<b>+1,157</b>
<b>Chemical Poisoning</b>		
<b>Nevada (Sierra/Sac) County Data</b>		
Hospitals	<b>22</b>	<b>25</b>
<b>County Total</b>	<b>22</b>	<b>25</b>
Benchmark Minimum Level of Readiness	<b>5</b>	<b>5</b>
Beds above / below BM	<b>+17</b>	<b>+20</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>269</b>	<b>397</b>
Beds above / below BM	<b>+97</b>	<b>+225</b>

The following chart displays each scenario including the number of critical care beds available within 3 and 24 hours of an incident for two scenarios (trauma and burn and radioactive induced injury).

	Number of Surge Beds Available within 3 hours	Number of Surge Beds Available within 24 hours
<b>Trauma and Burn</b>		
<b>Nevada (Sierra/Sac) County Data</b>		
Hospitals	<b>11</b>	<b>102</b>
<b>County Total</b>	<b>11</b>	<b>102</b>
Benchmark Minimum Level of Readiness	<b>5</b>	<b>5</b>
Beds above / below BM	<b>+6</b>	<b>+97</b>
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	<b>172</b>	<b>172</b>
<b>Region Total</b>	<b>225</b>	<b>1,471</b>
Beds above / below BM	<b>+53</b>	<b>+1,299</b>
<b>Radiation Induced Injury</b>		
<b>Nevada (Sierra/Sac) County Data</b>		
Hospitals	<b>3</b>	<b>91</b>
<b>County Total</b>	<b>3</b>	<b>91</b>

Benchmark Minimum Level of Readiness	5	5
Beds above / below BM	-2	+86
<b>OES Region IV Data</b>		
Benchmark Minimum Level of Readiness	172	172
<b>Region Total</b>	<b>206</b>	<b>1,154</b>
Beds above / below BM	+34	+982

### **Critical Benchmark 2-2: Isolation Capacity**

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease. Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

Under Benchmark 2-2: Isolation Capacity, HRSA requires that each hospital have the ability to maintain at least one patient in negative pressure isolation and that each region identify at least one facility with the capacity to isolate 10 adult and pediatric patients. California meets Benchmark 2-2 as all California hospitals reported the ability to isolate at least one patient, and all regions identified at least one facility with the ability to isolate 10 patients as required.

	# Isolation Vented to Outside	Fixed HEPA Systems	Portable HEPA Systems
<b>Nevada (Sierra/Sac) County Data</b>			
LHD			0
Hospitals	14	1	4
Clinics	0	0	0
<b>County Total</b>	<b>14</b>	<b>1</b>	<b>4</b>
<b>OES Region IV Data</b>			
<b>Region Total</b>	<b>303</b>	<b>156</b>	<b>44</b>

### **Critical Benchmark 2-5: Pharmaceutical Caches**

Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

To ensure that healthcare workers are protected and able to continue to provide care, HRSA requires that each state have a sufficient supply of pharmaceuticals for prophylaxis of hospital personnel (medical and ancillary staff), hospital based first responders, and their families. The table below identifies the number of persons for which 3-day prophylactic courses are required according to the HRSA benchmark, as well as the number of 3-day prophylactic courses reported. This was determined based on the number of capsules reported in the individual surveys divided by the appropriate number of doses to achieve 3-day prophylaxis. The antibiotics below are consistent with those included in the Strategic National Stockpile (SNS).

	Total Staff	Total Number of People Prophylaxis Required*	Amoxicillin Available Courses	Doxycycline Available Courses	Cipro Available Courses	Levofloxacin Available Courses
<b>Nevada (Sierra/Sac) County Data</b>						
LHD	44	176	0	0	33	0
Hospitals	1,585	6,340	3,078	9,517	9,583	167
Clinics	17	68	0	0	0	0
County Total	1,646	6,584	3,078	9,517	9,616	167
% of Total Achieved			47%	145%	146%	3%
% of Staff Achieved			187%	578%	584%	10%
<b>OES Region IV Data</b>						
Region Total	53,346	266,864	19,384	51,719	82,102	7,018
% of Total Achieved			7%	19%	31%	3%
% of Staff Achieved			36%	97%	154%	13%

\* The Surge Capacity Data Workgroup recommended using a standard of 4 household members per healthcare worker (the healthcare worker plus three household members).

### **Critical Benchmark 2-6: Personal Protective Equipment**

**Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.**

HRSA does not define “adequate PPE”, stating only that the number of staff requiring PPE should be tied to the number of healthcare workers needed to support the surge capacity for beds.

In addition to measuring the number of powered air purifying respirators (PAPRs), the California Surge Capacity Survey (CSCS) includes questions on the number of staff requiring PPE, the number of complete suits (or persons who could be fully equipped) for the various levels of PPE, and the number of staff trained for the use of each level



of PPE. Survey data show that there are 35 Level A, 10 Level B, 70 Level C, and 2,440 Level D complete suits available. LHDs, hospitals and clinics report that 988 staff members would require some level of PPE. Survey questions were not specific as to what level of protection staff would need. The highest levels of protection, Levels A and B, are primarily used by HAZMAT teams. Normal hospital procedures may require Level C (PAPRs) or Level D protection (universal precautions such as surgical or N-95 masks).

Existing PPE				
	Level A	Level B	Level C	Level D
<b>Nevada (Sierra/Sac) County Data</b>				
LHD	0	0	0	0
Hospitals	35	10	70	2,440
Clinics	0	0	0	0
<b>County Total</b>	35	10	70	2,440
<b>OES Region IV Data</b>				
<b>Regional Total</b>	71	84	868	20,387

Number of Staff Trained				
	Level A	Level B	Level C	Level D
<b>Nevada (Sierra/Sac) County Data</b>				
LHD	0	0	0	Not measured
Hospitals	20	30	35	Not measured
Clinics	0	0	0	Not measured
<b>County Total</b>	20	30	35	Not measured
<b>OES Region IV Data</b>				
<b>Regional Total</b>	49	140	714	Not measured

Given national attention on the availability of N95 masks and ventilators, the CSCS included questions to measure the current availability of each. Only 35 LHD, hospital, and clinic staff received training in the use of Level C equipment (which includes PAPRs), or roughly 2 staff persons per existing PAPR.

N-95 Masks	
	Number of N-95 Masks
<b>Nevada (Sierra/Sac) County Data</b>	
LHD	50
Hospitals	940
Clinics	50
<b>County Total</b>	1,040
<b>OES Region IV Data</b>	
<b>Region Total</b>	167,225

Powered Air Purifying Respirators (PAPRs)	
	Number of PAPRs
<b>Nevada (Sierra/Sac) County Data</b>	
LHD	0
Hospitals	70
Clinics	0
<b>County Total</b>	70
<b>OES Region IV Data</b>	
<b>Region Total</b>	799

Hospitals reported a total of 9 traditional ventilators and 24 transport ventilators. Hospitals indicated that on average throughout the year, 3 or 33% of traditional ventilators are in use.

	Traditional Operational Ventilators	Transport Ventilators	Average Number of Traditional Ventilators in Use	% of Traditional Ventilators in Use
Nevada (Sierra/Sac) County Data				
Hospitals	9	24	3	33%
OES Region IV Data				
Region Total	626	799	324	52%

### **Critical Benchmark 2-7: Decontamination**

**Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with Critical Benchmark # 2-1 (Surge Bed Capacity).**

HRSA requires that each state ensure that adequate decontamination systems are available for decontamination needs associated with surge bed capacity targets. The CSCS asked the number of patients, both ambulatory and non-ambulatory, that could be decontaminated within one hour.

	Decon Ability within 1Hour		Decon Ability within 3 Hours*	
	Ambulatory	Non-Ambulatory	Ambulatory	Non-Ambulatory
Nevada (Sierra/Sac) County Data				
LHD	0	0	0	0
Hospitals	60	9	180	27
Clinics	0	0	0	0
<b>County Total</b>	60	9	180	27
OES Region IV Data				
<b>Region Total</b>	1,152	263	3,456	789

	Population	Surge Bed BM	Decon Ability within 1 Hour	Decon Ability within 3 Hours*
Nevada (Sierra/Sac) County	98,955	49	69	207
OES Region IV	3,435,586	1,718	1,415	4,245

\*To determine the number of patients that could be decontaminated within three hours, the one hour number was multiplied by three. It is unknown whether this overstates decontamination capacity at the three hour mark as it assumes a constant rate per hour.

### **Critical Benchmark 2-10: Communications and Information Technology**

**Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management agencies, public safety agencies, neighboring jurisdictions and federal public health officials.**

The CSCS includes a matrix asking hospitals to show which methods of communication they had available and how they were most likely to contact various partners, ranging from local health departments to fire, emergency services, and law enforcement. All hospitals surveyed had redundant communication systems. However, only a small percentage reported having any type of priority service for land lines or wireless phones.

<b><i>Communication Technology</i></b>	<b><i>Number Reported</i></b>
Phones	2
Dedicated phones	0
Fax	2
HAM radio	1
Satellite phones	0
Email	2
800 MHz radios	9
Fiber optics	0
Microwave radio	0
Health Alert Network	2

### **Critical Benchmark 5: Education and Preparedness Training**

**Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.**

HRSA Benchmark 5 is not specific on the types of training needed for hospital preparedness, indicating only that training must be provided for specific pre-hospital, hospital and outpatient healthcare personnel. The CSCS specifically asked how many healthcare personnel have been trained in any of the following: Incident Command System (ICS), Hospital Incident Command System (HICS), SEMS/NIMS, PPE, Decontamination, Recognition and/or Treatment of BT related injuries.

	<b>Number of Personnel</b>	<b>Number of Staff Trained</b>	<b>% of Staff Trained</b>
<b>Nevada (Sierra/Sac) County</b>			
LHD	44	35	80%
Hospitals	1,585	1,112	70.2%
Clinics	17	0	0%

<b>County Total</b>	<b>1,646</b>	<b>1,147</b>	<b>70%</b>
<b>OES Region IV</b>			
<b>Region Total</b>	<b>53,346</b>	<b>9,544</b>	<b>17.9%</b>

### **Critical Benchmark 6: Exercises**

**As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2005 and should be based on the awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.**

Under Benchmark 6, HRSA requires hospitals to participate in functional exercises that at a minimum include multiple agencies and implement ICS. As required by HRSA, the CSCS requested information on exercises conducted from September 1, 2005 through February 28, 2006. Based on this six month time frame, the CSCS asked hospitals to report the number of exercises including various scenarios such as anthrax, botulinum, plague, smallpox, tularemia, blood agents, blister agents, radiation/nuclear, influenza, explosives, and evacuation. Participation in exercises involving these scenarios ranged from a low of 0 on more than one of the scenarios to a high of 1 on exercises involving an explosive device. 2005 statewide Golden Guardian Exercise, in which many hospitals participated in, included an improvised explosive device. Hospitals indicated they participated in 2 exercises involving influenza.

## Nor-Cal EMSA

As of December 31, 2006

Nor-Cal EMSA administers the HRSA funding for the following Local Health Departments: Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, and Tehama.

		<u>Grant Amount</u>	<u>Total Paid</u>	<u>Balance</u>
<b>2006/07</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness	\$ 877,651	\$0	\$877,651
<b>2005/06</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness	\$ 1,291,698	\$266,416	\$1,025,282
<b>2004/05</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 1,129,562	\$ 1,126,133	\$3,429
<b>2003/04</b>	Health Resources and Services Administration - National Bioterrorism Hospital Preparedness Program	\$ 785,860	\$ 774,386	\$11,474
		<b>\$ 4,084,771</b>	<b>\$ 2,166,935</b>	<b>\$1,917,836</b>

HRSA Grant Amount for 2006/07 and 2005/06 is based on the allocation awarded to the local entity. Grant Amounts for 2004/05 and 2003/04 are based on final budgets at the close of the grant period. Total Paid is based on payments issued to local entity and CDHS Direct Purchases made on behalf of the local entity. Balance is sum of Grant Amount less Total Paid.

**NOR-CAL EMS**  
**Proposed HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2006 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through mm/dd/yr</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$280,394</b>	<b>\$0</b>	<b>\$280,394</b>
Target Capability #1, Personnel	\$35,680		\$35,680
Target Capability #2, Planning	\$114,072		\$114,072
Target Capability #3, Equipment & Systems			\$0
Target Capability #4, Training	\$74,523		\$74,523
Target Capability #5, Exercise Evaluations & Corrective Actions	\$56,120		\$56,120
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$44,539</b>	<b>\$0</b>	<b>\$44,539</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$44,539		\$44,539
Target Capability #4, Training			\$0
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$138,241</b>	<b>\$0</b>	<b>\$138,241</b>
Target Capability #1, Personnel			\$0
Target Capability #2, Planning			\$0
Target Capability #3, Equipment & Systems	\$129,391		\$129,391
Target Capability #4, Training	\$8,850		\$8,850
Target Capability #5, Exercise Evaluations & Corrective Actions			\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>
Target Capability #1, Personnel	\$60,000		\$60,000
Target Capability #2, Planning	\$60,000		\$60,000
Target Capability #3, Equipment & Systems	\$60,000		\$60,000
Target Capability #4, Training	\$60,000		\$60,000
Target Capability #5, Exercise Evaluations & Corrective Actions	\$60,000		\$60,000
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$114,476</b>	<b>\$0</b>	<b>\$114,476</b>
Target Capability #1, Personnel	\$14,352		\$14,352
Target Capability #2, Planning	\$26,111		\$26,111
Target Capability #3, Equipment & Systems	\$35,089		\$35,089
Target Capability #4, Training	\$21,506		\$21,506
Target Capability #5, Exercise Evaluations & Corrective Actions	\$17,418		\$17,418
<b>TOTAL</b>	<b>\$877,650</b>	<b>\$0</b>	<b>\$877,650</b>

**NOR-CAL EMS**  
**HRSA Grant Budget/Expenditures**  
**Grant Period September 1, 2005 through August 31, 2007**  
**As of December 31, 2006**

\* **Amount Budgeted** as reported by the local entity and may vary from actual award. **Amount Expended** represents expenditures as reported by the local entity and CDHS Direct Purchases made on behalf of the local entity.

<b>HRSA</b>			
<b>Budget Category</b>	<b>Amount Budgeted *</b>	<b>Amount Expended * Through 12/31/06</b>	<b>Balance</b>
<b>CONTRACTUAL</b>	<b>\$320,357</b>	<b>\$0</b>	<b>\$320,357</b>
Benchmark 2-1, Bed Capacity	\$144,475		\$144,475
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$0		\$0
Benchmark 2-7, Decontamination	\$0		\$0
Benchmark 2-10, Communication and Information Technology	\$125,630		\$125,630
Benchmark 5, Education and Preparedness Training	\$50,252		\$50,252
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>CDHS-DIRECT EQUIPMENT</b>	<b>\$226,032</b>	<b>\$90,081</b>	<b>\$135,951</b>
Benchmark 2-1, Bed Capacity	\$51,745	\$47,343	\$4,402
Benchmark 2-2, Isolation Capacity	\$58,432		\$58,432
Benchmark 2-5, Pharmaceutical Caches	\$69,794		\$69,794
Benchmark 2-6, Personal Protective Equipment	\$4,180	\$1,705	\$2,475
Benchmark 2-7, Decontamination	\$37,760	\$41,032	-\$3,272
Benchmark 2-10, Communication and Information Technology	\$4,121		\$4,121
Benchmark 5, Education and Preparedness Training	\$0		\$0
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>LOCAL ENTITY PURCHASED EQUIPMENT</b>	<b>\$194,254</b>	<b>\$0</b>	<b>\$194,254</b>
Benchmark 2-1, Bed Capacity	\$91,809		\$91,809
Benchmark 2-2, Isolation Capacity	\$0		\$0
Benchmark 2-5, Pharmaceutical Caches	\$0		\$0
Benchmark 2-6, Personal Protective Equipment	\$370		\$370
Benchmark 2-7, Decontamination	\$46,174		\$46,174
Benchmark 2-10, Communication and Information Technology	\$52,795		\$52,795
Benchmark 5, Education and Preparedness Training	\$3,106		\$3,106
Benchmark 6, Terrorism Preparedness Exercises	\$0		\$0
<b>PERSONNEL (IMPLEMENTATION)</b>	<b>\$392,910</b>	<b>\$0</b>	<b>\$392,910</b>
Benchmark 2-1, Bed Capacity	\$49,200		\$49,200
Benchmark 2-2, Isolation Capacity	\$49,200		\$49,200
Benchmark 2-5, Pharmaceutical Caches	\$48,800		\$48,800
Benchmark 2-6, Personal Protective Equipment	\$48,800		\$48,800
Benchmark 2-7, Decontamination	\$49,240		\$49,240
Benchmark 2-10, Communication and Information Technology	\$49,270		\$49,270
Benchmark 5, Education and Preparedness Training	\$49,200		\$49,200
Benchmark 6, Terrorism Preparedness Exercises	\$49,200		\$49,200
<b>ADMINISTRATIVE FEE (NOT TO EXCEED 15%)</b>	<b>\$158,146</b>	<b>\$0</b>	<b>\$158,146</b>
Benchmark 2-1, Bed Capacity	\$49,998		\$49,998
Benchmark 2-2, Isolation Capacity	\$15,906		\$15,906
Benchmark 2-5, Pharmaceutical Caches	\$7,320		\$7,320
Benchmark 2-6, Personal Protective Equipment	\$7,984		\$7,984
Benchmark 2-7, Decontamination	\$19,633		\$19,633
Benchmark 2-10, Communication and Information Technology	\$34,540		\$34,540
Benchmark 5, Education and Preparedness Training	\$15,384		\$15,384
Benchmark 6, Terrorism Preparedness Exercises	\$7,380		\$7,380
<b>TOTAL</b>	<b>\$1,291,698</b>	<b>\$90,081</b>	<b>\$1,201,617</b>

## Nor Cal

This is a summary of equipment and pharmaceuticals purchased by CDHS for hospitals, clinics, and/or local emergency medical services agencies (LEMSAs) within the local jurisdiction. The items were purchased with HRSA funds from fiscal year 2002/03 through 2005/06. Local entities may have purchased additional items for hospitals, clinics, and LEMSAs.

Item Description	Qty
<b>BM 2.1 Surge Capacity: Beds</b>	
Air Purification System	1
Anti-Bacterial Hand Solution	72
Awning	1
Barricade Light	10
Barricade System	3
Biohazard Bags	200
Blankets	276
Body Bags	10
Casualty Management Shelter	10
Caution Tape	3
Command and Logistics Shelter	5
Cone Paper Cups	500
Cooler	3
Cots	36
Cup Dispenser Attachment	2
Drink Powder	35
Dust Containment Unit Bundle	3
Environmental Containment Unit (ECU) AnteRoom	3
Extension Cord	12
Generator	9
Generator Recoil	10
Generator Wheel Kit	5
Gurney	2
Handheld Digital Manometer	4
Heavy Duty Platform Truck	3
Hospital Response Kits	1
Inline Heater	10
IV Poles	21
Light Sled Kit	3
Lighting System Flourescent	33
Lightsticks	340
Mass Casualty Handbook	8
Medical Decontamination Backboards	5
Megaphone	5
Negative Air Machine	3
Negative Pressure Isolation Kit	3
Oxygen Manifold	4
Personal Protective Equipment Stackable Storage Container	15
Plastic Folding Barricade	5
Portable Adjustable Hospital Bed	5
Portable Gas Heaters	1
Radiation Detector	1
Reflective Traffic Cones	18



Replacement Modular HEPA Filter	1
Replacement Poly Pad, priced each, Ship Qty 24	30
Replacement Pre Filter, 25/case	1
Safety Flares, 72 per box	1
Shelter	14
Shelter/Mobile Field Treatment Center	3
Stackable Personal Protective Equipment (PPE) storage	15
Survey and Count rate meter with RP-1	1
Triage Tags (pack of 50)	7
<b>BM 2.5 Pharmaceutical Caches (Qty = number of 3-day courses)</b>	
Amoxicillin	330
Doxycycline	500
Levaquin	300
Gentamic	450
Sulfameth/Tri	300
<b>BM 2.6 Surge Capacity: Personal Protective Equipment</b>	
Boots, Pair	765
Butyl Rubber Hood, Breathing Tube, Motor, Belt,	16
Chemical Tape	10
Coveralls	605
Decon Kit	60
FR-57 Cartridges (6 per bag)	5
Gloves, pair	919
Goggles	11
HEPA Filters	35
N-95 Respirators, 20/box	33
NiCad Battery Charger for PAPR	46
NIMH Rechargeable 8 Hour Battery Pack W/LED Light	5
Personal Safety Suit	50
Powered Air Purifying Respirator (PAPR)	95
Powered Air Purifying Respirator (PAPR) Battery Charger	2
Powered Air Purifying Respirator (PAPR) FR57 Filter/ Lithium Batt	38
Powered Air Purifying Respirator (PAPR) FR57 Filter/ NiCad	24
Replacement Battery	2
Resp Filter Cart for PAPR	18
<b>BM 2.7 Surge Capacity: Decontamination Systems</b>	
2-Line Decon shelter	1
3-Line Complete Decon system, 11' W x 20' L, complete 3 line decon system	1
A/C and Insulation Package	3
Boots, Pair	31
Cargo Response and Storage Trailers	4
Caution Tape	21
Chemical Tape	69
Decon Kit	500
Decon Pop Up Shelter	1
Decon System 2-line decon system	3
Elevation Grid	4
Flash Heater	3
Floor risers for Decon shelter, 36" x 24" x 2.62"	6
Gloves, pair	290
HazMat Doff-It Kit	445

Hospital Utility System	3
HVAC for Trailer	1
Inline Heater	5
Isotherm cooling vesta	48
Personal Bio-protective kit, ea	41
Property Bags	10
Special Freight Delivery Cost of trailer delivery	1
Water Pump	5
Water, Decon, Cam locks, blue 3/4 hand sprayers	6
<b>BM 2.10 Surge Capacity: Communications and Information Technology</b>	
2-way Radios	3
Satellite phones	2

<b>Participation under NorCal EMS Consortium includes:</b>
Butte
Colusa
Glenn
Lassen
Modoc
Plumas
Sierra
Tehama